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ABSTRACT

Presented is the final report of a study on the post-school adjustment of special education students, with emphasis on the feasability of initiating adult-education programs to meet these individuals' needs. Research procedures are reported as involving the assessment of handicapped adults' post-school adjustment, needs, and priorities using a survey questionnaire during personal interviews; assessment of interest, commitment, and available resources which exist among public and private county-based groups, agencies, and businesses; and assessment of existing adult programs throughout the state and out-of-state. Among findings (which are detailed in table form) are that the majority of the respondents are unemployed or employed through one of the two sheltered workshops; that 89.1% of the interviewees desire further training; and there is a need for increased recreational opportunities for handicapped adults. Also provided are findings of the community and out-of-county surveys. Implications of the study are noted to include the need to broaden the concept of vocational training and to disregard popular ideas about intelligence which have resulted in inappropriately low levels of expectation for the mentally handicapped. Appended are sample copies of the post-school followup survey, community survey, out-of-county survey, nurses' survey on adult handicapped needs, and Schelby Center Teachers' Survey. (SBH)

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SPECIAL EDUCATION RESEARCH PROGRAM

EDUCATIONAL IMPROVEMENT FOR THE HANDICAPPED

PROJECT 75-10

A STUDY OF THE POST-SCHOOL ADJUSTMENT OF SPECIAL EDUCATION STUDENTS WITH A VIEW TO INITIATING ADULT-EDUCATION PROGRAMS

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Final Report

Michael N. Coy, Ed.D.
Director of Research and Evaluation

EC10 3073

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I. INTRODUCTION

In the spring of 1975 the Merced County Department of Education applied for and received a research grant from the State of California, Department of Education, Office of Improvement for the Handicapped. The purpose of Project 75-10 was "to study the post-school adjustment of Special Education students with a view to initiating adult-education programs to meet their needs". This report contains a detailed analysis of the results of that study and has considerable relevance for handicapped adults far beyond the County of Merced.

This has been a valuable research project with tremendous significance for Special Education in Merced County. The research design, which will be described in subsequent sections, involved three primary target groups (former Special Education students, community resources, and out-of-county agencies) and was aimed at the particular needs of adult handicapped in the county. As the following sections will show, this research design was met and expanded, extensive data collected, and a comprehensive plan to meet the stated needs was completed.

Project 75-10 is also valuable in that it is thoroughly related to other work in Special Education that has begun this year and will be a cornerstone for further developments. To adequately show the relationship of these research findings to existing programs as well as future efforts and to show how the results will produce an integrated plan, a description of Special Education as it presently operates in Merced County is in order.

In 1955 the Merced County Department of Education began Special Education in the area by offering school programs to mentally retarded children. Over the past twenty years programs have expanded to include services to the deaf, the blind, the physically handicapped, the aphasic, the severely emotionally disturbed, and more. In cooperation with its twenty-two school districts and the Merced Community College district, Merced County is rapidly approaching the time when every handicapped individual between the ages of six months and twenty-one years of age can receive a service appropriate to his or her condition.

At present the Merced County Department of Education offers programs for the following disabilities: Severely Mentally Retarded, Severely Emotionally Disturbed, Multiply Handicapped, Communicative Disorders for the Deaf and Blind, and Speech Therapy. Through its twenty-two school districts, Merced County also has programs for the Physically Handicapped, the Educable Mentally Retarded, and children with Learning Disabilities.

With respect to programs offered by the school districts, children are served through the normal school programs from ages five through eighteen. With those programs for which the Merced County Department of Education is the local educational agency, age limits vary according to the service.

The Severely Mentally Retarded (i.e. TMR) or Developmentally Disabled child is presently being served from three to twenty-one years of age. The Merced County Department of Education hopes to extend service to infants from six

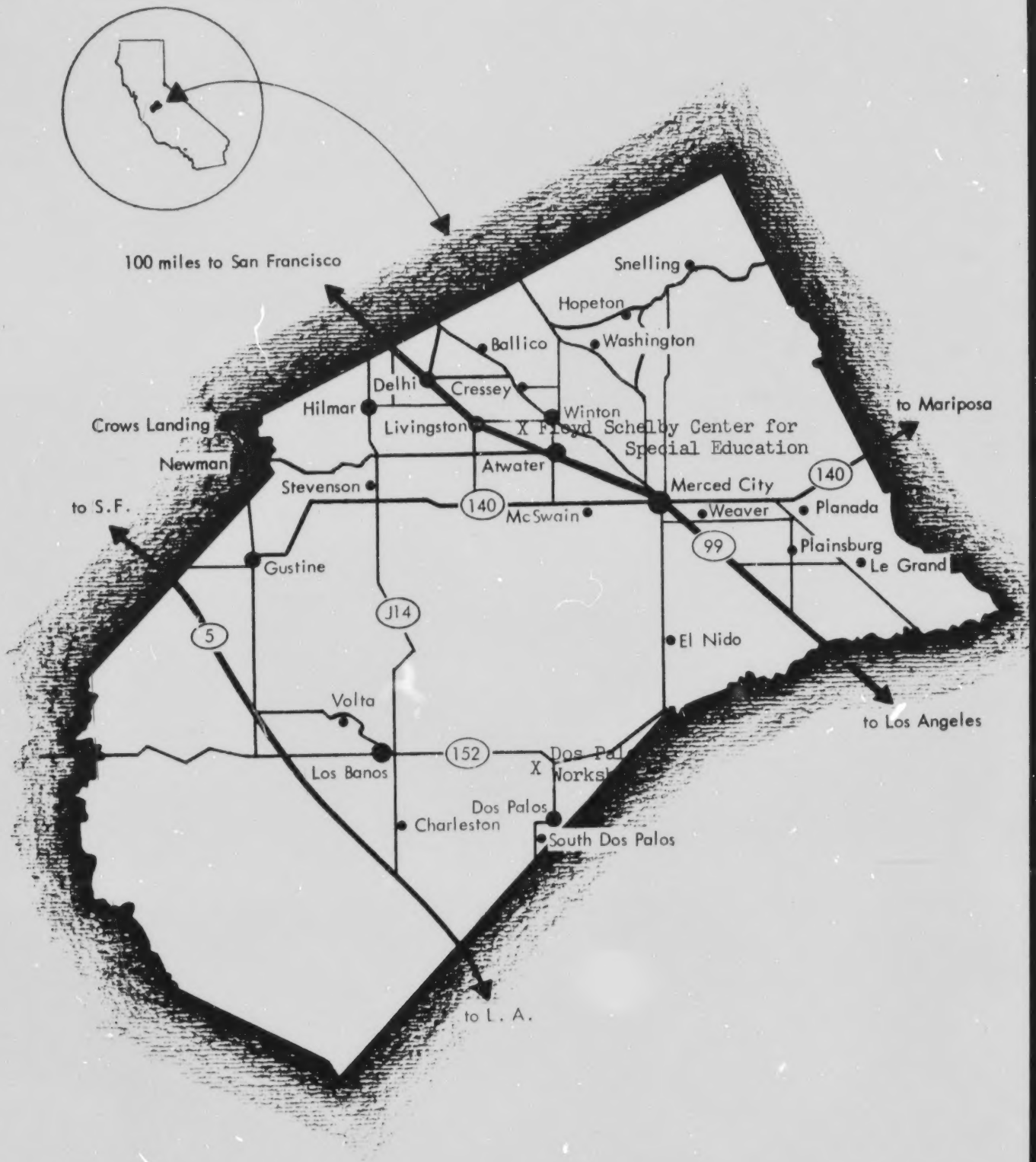
months to three years of age in cooperation with the County Health Department and the Central California Valley Regional Center. The Developmentally Disabled program is located at the Floyd Schelby Center for Special Education on Sultana Road, approximately six miles south of Livingston, in the northwest part of the county. (See map on the following page.) Schelby Center, as it is popularly known, also consists of a Developmental Center for the Multiply Handicapped where children who were expected to achieve very little if any mobility or independence have been helped to a remarkable level of development.

The Communicative Disorders Center is located in Merced, the County seat and the most populous community in the county. Housed in available space on an existing school site, the Center offers excellent opportunities for the integration of Communicative Disorders students with students in regular school programs.

The Center serves deaf children from the ages of six months to approximately five years of age and aphasic children from the age of five. With respect to the latter, a sophisticated instructional technology and excellent staff help children acquire and develop essential language skills. With respect to the Deaf and Hard of Hearing Program, there are several distinct components at this time.

The Infant Deaf Program is a new service recently offered by the Merced County Department of Education and one that will soon be expanded to meet increased

Merced County



needs. Since available space is limited at the present Center's location, classes for Deaf and Hard of Hearing children from five to fourteen years of age are held at other local schools, an elementary and a junior high school, where children are easily integrated into Physical Education and other classes. At the age of fourteen or fifteen, students are transferred to Berkeley's School for the Deaf and Blind where they can receive instruction in an environment with expanded opportunities for socialization which are difficult to provide in a rural county like Merced where only a small deaf community exists.

At the main location the Department of Special Education also offers a program for Severely Emotionally Disturbed children from the ages of five to approximately fourteen. Co-sponsored with the Merced County Health Department, this program operates on an open-entry/open-exit basis as the child manifests the need for such an approach. At any one time, there are approximately fifteen children of various ages enrolled in this particular program.

In addition to classroom programs, the CD Center also offers two itinerant services to children in the county: Visually Handicapped instruction and Speech Therapy. These Special Education personnel maintain their offices and professional work space at the Center. Two teachers serve the county's very small blind population on a regular basis as these students remain enrolled in regular school programs. In contrast, the Speech Therapy Program is quite large, employing many staff members in order to serve all the districts in the county which contract for their services.

In addition to the programs outlined above, there has also been much activity this year in the area of Master Planning for the County of Merced. The following dates and events represent the accomplishments attained by an advisory committee, task force, committee members, educators, and board members in seeking to achieve the goal of developing a Comprehensive Plan for Special Education in Merced County:

July/August 1975	Staff site visitations of five Master Plan for Special Education implementors and planners in California.
September 1975	Encouragement and support by the Merced County School Administrators for Merced County Department of Education to pursue and investigate the development of a Comprehensive Plan for Special Education in Merced County.
October 1975	Completion of Community Contacts List for Special Education.
October 1975	Formation of an Educational Task Force Advisory Group.
November 1975	Development and orientation of a joint parent/community/professional advisory group.
December 1975	Completion of Community Needs Assessment Process (Part A).
January 1976	Completion of Community Needs Assessment Process (Part B).
March 1976	Educational Task Force Advisory Committee Meeting.
March 1976	Advisory Committee Meeting: Facilities and Needs Assessment.
March 1976	Needs Assessment and Progress report to County Board of Education.
April 1976	Participation in the audit/evaluation of Humboldt-Del Norte Counties Master Plan for Special Education.

April 1976	Administrative Council (Merced County School Administrators) approval for Merced County Department of Education to become Responsible Local Agent for a Comprehensive Plan for Special Education.
May 1976	County Board of Education approval for Merced County Department of Education to become the Responsible Local Agent.
May 1976	Submit a county-wide organizational plan for developing a Comprehensive Plan for Special Education.

The major goals set at the beginning of the 1975-76 school year to complete a needs assessment and to submit an organizational plan of intent to the State Department of Education by June 1976 were achieved.

The major goal for the 1976-77 school year will be to write the Comprehensive Plan for Special Education document for Merced County.

Efforts to develop a Comprehensive Plan for Special Education within the county have also made people aware of the needs of former students no longer enrolled in Special Education programs within the county. It has become increasingly apparent to all that THERE IS NO SPECIAL EDUCATION PROGRAM FOR ADULTS IN THE COUNTY OF MERCED THAT COULD BE CONSIDERED COORDINATED OR COMPREHENSIVE IN ANY WAY.

Let it be clearly understood that there are programs for adults in Merced County. There is a small and extremely effective workshop at the Dos Palos Y (please refer to the map on page 3) which was organized several years ago by the people of Dos Palos and which serves approximately twenty-five Severely

Mentally Retarded adults above the age of twenty-one. The workshop concentrates on training Severely Retarded adults in handcrafts such as weaving and pottery making, and twice yearly products are sold at local events.

The Dos Palos workshop is financed through Adult Education Average Daily Attendance through the community college in Merced and the high school in Dos Palos. These resources are sufficient to employ a director and an assistant. Most recently the workshop applied for and received a small grant to purchase a bus that will provide much-needed transportation for workshop clients.

In addition to this workshop in the west side of the county, there is also a sheltered workshop in the City of Merced operated by the Department of Mental Health and emphasizing the production of items for sale on a contractual basis. This workshop, however, is open to mental patients as well as the Severely Retarded adults. In effect, there are approximately fifty clients who spend a portion of their week at the workshop located on "V" and 12th Streets. In other words the workshop schedule allows clients to participate two or three times a week in work activity, and the workshop contracts for the production of such goods as picnic tables, lamps, refinishing furniture, etc.

These then are the two adult training facilities in the County of Merced. In addition, there is the Central California Valley Regional Center located on Yosemite Park Way in Merced and affiliated with the main branch in Fresno which functions mainly as a counseling and referral service for the developmentally

disabled. Its members work closely with the County Department of Education, the Mental Health Department, the Department of Rehabilitation and the Dos Palos workshop in order that clients within the county might receive the most appropriate service for their particular disabilities.

The problem, however, remains that excellent as these facilities and services may be, they are in no way coordinated to deliver comprehensive service to adult handicapped nor are they sufficient for the number of adult handicapped within the county. A thorough understanding of the characteristics of the county is essential if the problem is to be intelligently and effectively solved.

Merced county is located geographically in the center of the state and in the heart of the Central San Joaquin Valley. (Please refer again to the map on page 3). This accounts for Merced County's rural and sparsley populated nature whereby a population of a little over 118,000 is spread over an area of 1,995 square miles. This population is concentrated in perhaps a dozen small communities, with the exception of the City of Merced, which has a population of 28,000, and Castle Air Force Base, which draws approximately the same number of Air Force personnel to the area.

Merced County's rural character carries with it several other dimensions one of which is a predominantly agricultural economy. Although the agricultural base is slowly disappearing, there is still little industry within the county, and the second largest employer of people in the county continues to be

government. Another dimension of the area is its extremely high unemployment rate and its incidence of poverty (e.g. the median family income is 53rd out of 58 in the state). Other significant characteristics of the county include its very high percentage of ethnic minorities and the large migrant populations which impact the area between April and October to harvest crops. These then are some of the constraints which must be considered if an adult handicapped program is to be comprehensive in a rural county.

There was every reason to believe that Merced County Department of Education should assume leadership in meeting the needs of this adult population. The Merced County Department of Education has demonstrated leadership in expanding Special Education for handicapped individuals for the past twenty years. Its success at Schelby Center with hydroponics and other training skills for Severely Mentally Retarded up to twenty-one years of age has been remarkable. (Note: Schelby Center for the past four years has trained TMR students in soilless culture and has developed a successful business of raising tomatoes and cucumbers for shipping. In this four-year period, three of those students have graduated from Schelby Center and two of them are currently employed in the hydroponics business in the area.) The enthusiasm and dedication of the staff and their record of past performance indicate that effective adult program is well within the reach of the Merced County Department of Education.

Success is also imminent in view of the County Superintendent's goal to serve handicapped adults. Since he assumed elected office in January, 1975, one of Dr. Stockard's highest priorities has continued to be serving the

unmet needs of handicapped citizens and improving existing Special Education programs.

In view of the County Superintendent's commitment to adult handicapped programs, in view of the exceptional adult need which exists now and will definitely increase in the future, and in view of the excellence of existing Special Education, these factors serve to make Project 75-10 a relevant study capable of generating important results.

II. PROCEDURES

The goal of Project 75-10, as written in the original application was to design an educational-training program based on the expressed needs and status of handicapped adults. To ascertain these needs, the research involved three specific procedures:

A. The assessment of handicapped adults' post-school adjustment, needs, and priorities using a survey questionnaire during personal interviews with a random sample of individuals and/or their parents.

B. The assessment of interest, commitment, and available resources - both in terms of personnel, space, monies, etc. - which exist among public and private county-based groups, agencies, and businesses.

C. The assessment of existing adult programs throughout the state and out-of-state to discover ideas possibly applicable to Merced County.

PRELIMINARY TASKS:

To accomplish the above, the team headed by Dr. Michael Coy completed two preliminary tasks necessary for the research effort.

- They compiled a list of community contacts within the county.
- They attempted to get a total perspective of all elements involved in the research before beginning the project.

To accomplish the first, approximately three weeks were spent identifying chambers of commerce, medical resources (both public and private), public and private social groups, professional organizations, public and private service groups, elementary and secondary schools (both public and non-public), as well as institutions of higher education, government agencies, private industries and charitable agencies. The final product was a booklet available countywide with over eight hundred names of agencies or groups. Published at the County Department of Education's expense, it is felt this booklet will be an invaluable resource not only for the school system but for others countywide.

The second preliminary effort involved a series of meetings with Special Education personnel throughout the county, with the Regional Center staff, with school district administrators and teachers, and with State Department of Education officials.

Meetings with Special Education personnel were held to acquaint them with the research project and to discuss additional objectives which could be included in the project to make it more meaningful and comprehensive. Meetings with school district personnel were also designed to acquaint them with the research procedures and to ascertain who cooperating personnel would be in identifying adults who had experienced Special Education programs in Merced County.

State Department officials were consulted for their leadership and expertise. The first meeting with State Department personnel resulted in contacting Ms. Lois Hodik of the Sacramento County Department of Education who was conducting a somewhat similar project to computerize follow-up information involving EMR students. Ms. Lois Hodik shared common concerns, a preliminary assessment instrument, and project strategies with Merced County personnel. This information was helpful to the Merced County Department of Education in eventually formulating its own instrument and strategies.

Contact with the Regional Center, with other public referral agencies, and with the two workshops in the county were essential as preliminary efforts to coordinate service. The Regional Center was also valuable in that personnel from that agency provided a copy of a research instrument used in Oregon to assess a post-school adjustment of EMR students.

NEEDS ASSESSMENT:

By October these two processes were completed and it was possible to intelligently and thoroughly identify the tasks necessary to complete the research project. By this time, it had been decided to extend the research design beyond that specified in the original project in order to do the most complete assessment possible.

With concurrent work on the Master Plan, for example, it was possible to conduct

a Delphi needs assessment process with community members, educators, and parents who have special interests in the future of adult handicapped in the county. Because there are twenty-one severely retarded students who will reach the age of twenty-one within the next two years and who will therefore no longer be eligible for Special Education services, there is much concern about their welfare. This research project was timely in that it gave parents and others the opportunity to work toward the time when their children would be legally excluded from Special Education in the county.

It was also decided that another appropriate group to include in special surveys would be nurses within the county. In view of their profession, these people would probably have many significant observations and suggestions regarding handicapped needs. Providing for their input was deemed essential.

Likewise, the formalized input of teachers from Schelby Center was also considered essential. With long experience in helping children and young adults within the most severely handicapping conditions, these professionals could draw a unique vantage point to offer observations and suggestions.

Finally, the 1975-76 school year was to be significant for Special Education in the county in terms of facilities planning. Because the fate of Schelby Center and other Special Education facilities might have considered impact on any adult program the county would design, this area was seen as essential

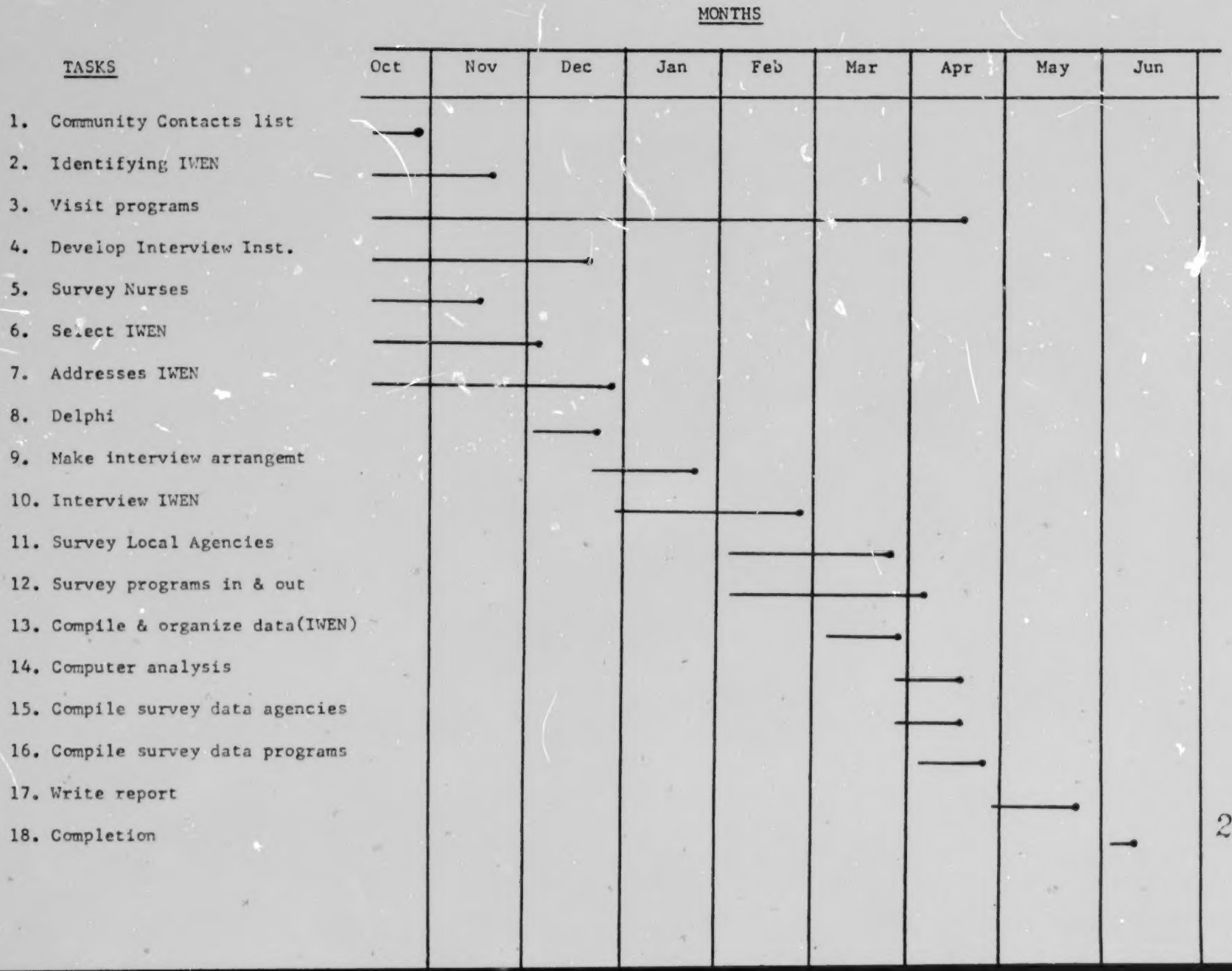
to the research study.

The following, then, became the components of Project 75-10's needs assessment:

- Post-school follow-up survey of handicapped adults
- Community Survey
- Out-of-County Survey
- Delphi process involving parents, community members, and teachers
- Nurses' Survey
- Schelby Center Teachers' Survey
- Facilities Tour

TIMELINE:

With these components identified, a timeline was established to accomplish identified tasks. The timeline on the following page, which lists eighteen project tasks, proved to be a workable schedule requiring little modification. Included are those expectations of the project that were not part of the original research design.


MONTHS
TASKS
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
1. Community Contacts list
2. Identifying IWEN
3. Visit programs
4. Develop Interview Inst.
5. Survey Nurses
6. Select IWEN
7. Addresses IWEN
8. Delphi
9. Make interview arrangemt
10. Interview IWEN
11. Survey Local Agencies
12. Survey programs in & out
13. Compile & organize data(IWEN)
14. Computer analysis
15. Compile survey data agencies
16. Compile survey data programs
17. Write report
18. Completion

INSTRUMENTS:

Each of the seven assessments specified above involved different instrumentation to determine needs and priorities. Copies of the five formal instruments used (Post-School Follow-Up Questionnaire, Community Survey, Out-of-County Survey, Nurses' Survey, and Schelby Center Teachers' Survey) can be found in Appendix A. The following points will be discussed relative to each instrument:

A. Description and pilot testing

B. Procedure for administration

C. Who administers; how administered

. POST-SCHOOL FOLLOW-UP QUESTIONNAIRE

The first page of the handicapped adult questionnaire (See Appendix A) seeks pertinent identifying information. Answers to questions concerning age, relevant Special Education program, ethnic background, etc. are important in assessing post-school adjustment and in considering additional program. The complete questionnaire consists of fourteen items of identifying information and sixty-five items relative to adjustment and future programmatic needs.

Piloting of the adult interviewing instrument resulted in four revisions of the original application. The Assistant Coordinator of the Handicapped Enabling Service at the local community college, who is himself a handicapped individual, went over the instrument carefully for its face validity to determine if the

instrument would indeed measure what it purported to measure. After this first revision, the instrument was then piloted on three individuals to determine the effectiveness of the instrument, which resulted in further revision. Parents and educators in advisory community meetings were asked for their assessment of the instrument. The fourth revision resulted from a mock run-through with three parents of handicapped adults. After thorough screening, field testing, and four revisions, the survey instrument was considered finalized and ready for use.

476 names were obtained from Special Education registers throughout the county for the past fifteen years. These names were alphabetized by handicapping condition and a random sample selected from each category. Where a category had only very few names, such as the blind with only four adults, the entire group was interviewed. In all, ninety-five former Special Education students were interviewed which amounted to almost 20% of the total number of possible interviewees.

The procedure for administration involved extensive personal interviews lasting between sixty and ninety minutes per session. The process was conducted in each individual's home where the environment was familiar and secure. The interviewer was trained in the use of the instrument prior to collecting data and used the instrument as a basic guide. Interviewee reactions, comments, and concerns were noted by the interviewer as she proceeded. A summary of this information is included as Appendix B of this report and will be further discussed in the findings section.

Dr. Alene McDonald was chosen to be the interviewer based on her qualifications and sensitivity to the needs of handicapped individuals. A recent doctoral graduate from the University of the Pacific, with a strong background in curriculum and instruction, she specialized in educational counseling and psychology. Her extensive teaching experience in elementary and junior high classrooms made her particularly well suited to this assignment.

Dr. McDonald spent twenty-two days interviewing former students, working ten hours per day and donating two days of her own time at the end of the project.

Dr. McDonald found the responses during her interviews to be very positive: people were eager to express their needs as she showed interest in their problems. At the end of her assignment, Dr. McDonald wrote a brief narrative based on her perceptions of the interviews. This narrative, which constitutes Appendix B, as well as the statistical and objective findings of all the other instruments, will be carefully analyzed in the following section.

. COMMUNITY SURVEY

The Community Survey consisted of a brief questionnaire of fifteen items accompanied by a cover letter from the County Schools Superintendent, both of which are to be found in Appendix A of this report. The questionnaire was designed to assess 1) how many agencies, groups, and businesses presently employ the physically and mentally handicapped; 2) how many would hire the

handicapped if they received proper training; 3) what resources they would offer to help provide such training; 4) what they considered to be the most important types of training; and 5) what resources they would make available to the handicapped for social and recreational activities.

This instrument was pilot tested twice on administrators at the County Department of Education in order to ask essential questions while keeping the response time to approximately fifteen minutes. The first trial resulted in substantial modification to decrease length and correct ambiguity. With the second trial the instrument was considered ready for use.

Administration consisted of mailing 183 questionnaires to randomly chosen community agencies, groups, and businesses. Stamped, self-addressed return envelopes were included in the mailing, and the research team was available to resolve questions regarding the instrument. Seventy-one responses were returned within two weeks of the mailing for a return rate of 38%.

Section III concerning Findings will discuss in detail the needs and resources identified through this survey.

. OUT-OF-COUNTY SURVEY

Unlike the Community Survey, response to the Out-of-County questionnaire was optional. The intent of this survey was to gather information about other adult handicapped programs to get ideas applicable to Merced County. As the cover

letter stated, respondents could either fill out the enclosed questionnaire, return pamphlets or other printed material, or do both.

The instrument and its accompanying letter were each pilot tested twice for clarity and brevity. The first resulted in minor modifications that proved acceptable with the second trial. Copies of the final instrument and its appropriate letter can be found in Appendix A of this report.

The Department of Rehabilitation publishes a directory of all the programs in the State of California administering to the needs of adult handicapped. From this list 132 college enabling services, agencies, groups, and workshops were randomly selected for the survey. The following is a list of those contacted.

Shasta College
Redding, CA.

Sacramento City College
Sacramento, CA.

Modesto Junior College
Modesto, CA.

Laney College
Oakland, CA.

Diablo Valley College
Pleasant Hill, CA.

City College of San Francisco
San Francisco, CA.

Bakersfield College
Bakersfield, CA.

Fresno City College
Fresno, CA.

Santa Rosa Junior College
Santa Rosa, CA.

Chabot College
Hayward, CA.

Merritt College
Oakland, CA.

Hartnell College
Salinas, CA.

DeAnza College
Cupertino, CA.

Imperial Valley College
Imperial, CA.

East Los Angeles College
Los Angeles, CA.

Los Angeles Harbor College
Willmington, CA.

Goodwill Industries of Redwood Empire
Santa Rosa, CA.

Redwood Empire Industries
Santa Rosa, CA.

Clear Lake Activities Center
Lakeport, CA.

Opportunity Center
Crescent City, CA.

Petaluma Training Center
Petaluma, CA.

Sonoma County Adult Activity Center
Santa Rosa, CA.

Feather River Opportunity Center
Oroville, CA.

Shasta County Opportunity Center
Redding, CA.

Glenn County Sheltered Workshop
Orland, CA.

California Recovery House
Susanville, CA.

Services to Handicapped Students
Davis, CA.

Placer Rehabilitation Industries
Roseville, CA.

Opportunities for the Handicapped, Inc.
Sacramento, CA.

Myrtle's Recovery Home
Sacramento, CA.

California State University, Sacramento
Sacramento, CA.

Valley Rehabilitation Industries
Stockton, CA.

Fresno Association for Mentally Retarded
Fresno, CA.

Santa MOnica College
Santa Monica, CA.

Compton Community College
Compton, CA.

Napa Vly. Products, Services & Industry, Inc.
Napa, CA.

Redwoods United Workshop, Inc.
Arcata, CA.

Napa State Hospital Sheltered Workshop
Imola, CA.

Paul Bunyan Activity Center
Fort Bragg, CA.

Sheltered Activity Center
Napa, CA.

Kaiser Foundation Rehabilitation Center
Vallejo, CA.

Gateway Projects, Inc.
Yuba City, CA.

Siskiyou Opportunity Center
Mt. Shasta, CA.

Tehama County Opportunity Center, Inc.
Red Bluff, CA.

Manna Transition House, Inc.
Woodland, CA.

Mother Lode Rehabilitation Ent., Inc.
Placerville, CA.

Yolo County Sheltered Workshop, Inc.
Woodland, CA.

Gateway Foundation
Sacramento, CA.

Progress House
Camino, CA.

Crippled Children & Adults Vocational Workshop
Modesto, CA.

Work Activities for Tuolumne Co. Handicapped
Sonora, CA.

Fresno County Work Opportunity Center
Fresno, CA.

Goodwill Ind. of San Joaquin Valley
Fresno, CA.

Leon S. Peters Rehabilitation Cntr.
Fresno, CA.

Marin Community Workshop, Inc.
San Anselmo, CA.

Cedars Development Foundation of Marin
Ross, CA.

Haight-Ashbury Free Clinic Workshop
San Francisco, CA.

San Fran Community Rehab Workshop
San Francisco, CA.

Harden Hospital Jerd Sullivan Rehab.
San Francisco, CA.

Charila Foundation
San Francisco, CA.

Mr. Kermit Sheets
San Francisco, CA.

Oakland Workshop
Oakland, CA.

California Ind. for the Blind, Inc.
Emeryville, CA.

Garnet-Austin Work Activity Center
Livermore, CA.

Center for Independent Living, Inc.
Berkeley, CA.

REACH for Learning
Berkeley, CA.

Hope Workshop
San Jose, CA.

Savawork Enterprises
Salinas, CA.

Heartland Opportunity Center
Madera, CA.

Pittsburg Workshop
Pittsburg, CA.

Westcom Industries
Richmond, CA.

Blind Adolescent Life Skills Center
San Pablo, CA.

Lighthouse for the Blind
San Francisco, CA.

Utility Workshop
San Francisco, CA.

Mt. Zion Hospital and Medical Center
San Francisco, CA.

Delancey Street Foundation, Inc.
San Francisco, CA.

Lighthouse-PMC Low Vision Services
San Francisco, CA.

Walpert Workshop
Hayward, CA.

Dawn Work Activity Center
Fremont, CA.

Creative Growth
Oakland, CA.

Orientation Center for the Blind
Albany, CA.

Dann Services, Inc.
Palo Alto, CA.

Jack Douglas Vocational Center
San Jose, CA.

Handicapped Activities Unlimited
Pacific Grove, CA.

Santa Cruz Co. Assoc. for the Retarded
Santa Cruz, CA.

Crystal Springs Rehabilitation Center
San Mateo, CA.

Industrial Workshop
Camarillo, CA.

Avila School for Handicapped Adults
Avila Beach, CA.

Kings Rehabilitation Workshop, Inc.
Hanford, CA.

Tulare County Training Center for Hand., Inc.
Tulare, CA.

Diversified Industries, Division of OCARC
Ontario, CA.

Job Opportunities & Benefits, Inc.
Apple Valley, CA.

Grossmont Work Training Center
La Mesa, CA

No. Co. Assoc. for the Retarded
Vista, CA.

Build Rehabilitation Ind., Inc.
Pacoima, CA.

Nova Opportunity Center, Inc.
Burbank, CA.

Self-Aid Workshop
Glendale, CA.

Asian Rehabilitation Services
Los Angeles, CA.

Lawrence L. Frank Rehabilitation Workshop
Los Angeles, CA.

Vocational Independence Program
Los Angeles, CA.

La Puente Valley Adult School
City of Industry, CA.

San Mateo Co. Voc. Services Workshop
Belmont, CA.

Achievement House, Inc.
San Luis Obispo, CA.

Alpha Training Center
Santa Barbara, CA.

Bakersfield Association for Retarded Children
Bakersfield, CA.

Porterville Sheltered Workshop
Porterville, CA.

Activity Training Center
Ridgecrest, CA.

Fontana Rehabilitation Workshop, Inc.
Fontana, CA.

California Industries for the Blind, Inc.
San Diego, CA.

San Diego State Univ. Rehab. Center
San Diego, CA.

Blind REcreation Center for San Diego
San Diego, CA.

Lincoln Training Center & Rehab. Workshop
South El Monte, CA.

Work Experience Industries
Barstow, CA.

Valley Light Industries, Inc.
Covina, CA.

Serving Hands, Inc.
Los Angeles, CA.

Willing Workers for Mentally Retarded, Inc.
Los Angeles, CA.

Community Rehabilitation Training Center
Covina, CA.

La Puente Valley Adult Shcool
Rehabilitation Workshop
La Puente, CA.

Victor Valley Community College
Victorville, CA.

Santa Barbara City College
Santa Barbara, CA.

Hub Limited Workshop
Compton, CA.

Hillside Enterprises
Long Beach, CA.

Western Institute of Human Resources
Long Beach, CA.

Salvation Army Men's Serivce Center
Sacramento, CA.

Volunteers of America
Sacramento, CA.

Southwestern College
Chula Vista, CA.

Fullerton College
Fullerton, CA.

Harbor View House
San Pedro, CA.

Rancho Los Amigos Hospital (CARF,JCAH)
Downey, CA.

Barrio Industries
Los Angeles, CA.

Society of St. Vincent de Paul
Sacramento, CA.

Each was sent an optional questionnaire along with a cover letter from the County Superintendent explaining the nature of the project and a stamped, self-addressed return envelope. There were forty-two responses to the survey, or a total of 31%. Approximately half of the respondents chose to answer the questionnaire.

Out-of-State agencies, groups, and businesses were considered as part of the survey. The Yearbook of Special Education lists every group by state concerned with adult handicapped needs and includes a brief description of each. It was decided that these programs probably did not differ substantially from those to be queried within the state, so the survey was limited to California. The one exception was the work being done by the Children's Research Center at the University of Illinois, Urbana Campus, where a real alternative for adult

handicapped is being developed which offers exciting possibilities everywhere.

Through a series of workshops, their work was carefully scrutinized. Correspondence was established with faculty members and research studies obtained. The results will be analyzed in Section III and form much of the philosophical background and practical suggestions of the conclusion, Section IV.

. DELPHI PROCESS

The Delphi process is a needs-assessment/goals-setting strategy developed and pilot tested by the Fresno County Department of Education to use with community members, parents, and other interested groups in establishing needs and setting goals for programs. The Delphi process was a technique used early in the history of the United States as a forum for the exchange of ideas. It is based on the belief that only through a school-community partnership can the best solutions be found and supported. This process is in full accord with the philosophy of the California State Legislature's Joint Committee on Goals and Evaluation.

In December and again in January of this year, two community conferences were held. The entire community was asked to participate, and newspaper notices announced the time, date, and location of the meetings. Over fifty parents, educators, other professionals, and interested community members attended. Participants were seated in groups of approximately eight. After a brief period of introductions and instructions by Dr. Coy, each was given a large piece of paper and a colored

crayon or flow pen and asked to respond to the following question: What are the needs of Special Education in the county?

After the groups had worked for approximately thirty minutes on the question, their papers were exchanged with those of other groups. Each group rated the comments of the other groups and offered suggestions on the same papers. After rotating the papers five times, the originating groups finally received their own papers back with comments, scores and modifications. The originating groups then rewrote their comments and assigned priorities on cards which were then placed in categories. A steering committee made up of fourteen members organized and compiled these needs statements on January 27, 1976.

The results of this needs assessment technique were presented to the next Special Education Parent Advisory meeting, at subsequent Board of Education meetings, and other appropriate times. In addition to its informational value on these occasions, it allowed parents of handicapped adolescents who would soon reach the age of twenty-one to voice their concerns and priorities about adult programs. This was a much-needed supplement to the post-school questionnaire which confirmed and strengthened results.

. NURSES' SURVEY

The school and Public Health nurses in the county are one group of individuals who have frequent contact with handicapped children and adults. Their opinions

concerning the needs of adult handicapped were seen as important to future program planning.

A simple instrument, which will be found at the end of Appendix A, was devised whereby they could rank the needs of the handicapped in a limited amount of time. The needs of mentally and physically handicapped individuals were ranked separately. By virtue of its simplicity, there was no need to pilot test the instrument.

At the regular November meeting of the Merced County Nurses' Association, Dr. Coy, Director of Research and Evaluation at the Merced County Department of Education, explained the comprehensive planning process for Special Education for the schools. The meeting culminated in a discussion of how adults fit into the comprehensive plan with fourteen nurses then responding to the short survey. Results were compiled by the Department of Research and Evaluation staff.

. SCHELBY CENTER TEACHERS' SURVEY

Another group whose opinions were considered essential were the teachers at Schelby Center. At this facility there are many teachers with extensive experience in trying to meet the needs of the most severely handicapped young people in the county. Many have been part of Schelby Center's evolution toward a training center.

The same instrument used to survey the nurses was presented early in the fall to the Schelby Center staff by Dr. Coy. After discussion of adult handicapped needs in the county, the survey was presented and teachers were asked to rank the needs they perceived to be greatest among handicapped adults. Results were then compiled by the staff of the Department of Research and Evaluation.

Schelby Center teachers were eager to offer opinions on the subject of adult needs and program possibilities for two reasons. They are all aware that in two years twenty-one of their students will no longer qualify for enrollment at Schelby Center by virtue of their age.

Secondly, it is a certainty that another site for Special Education of those under twenty-one must be found within three years, because Schelby Center does not meet the structural requirements for schools. It does, however, qualify as a training ground for adults, and the possibilities of its being used as such are great. Having trained severely mentally retarded in many tasks in the last few years, Schelby Center teachers are in a unique position to offer opinions on the subject.

. FACILITIES TOUR

The final needs assessed involved Special Education facilities within the county. Although not specified in the original application as part of the research, facilities needs assessment is viewed as an essential and integral

part of adult program planning and is therefore included here.

The method of ascertaining facility needs involved a tour in early February of each site where the Merced County Department of Education conducts a Special Education program. Mr. Robert McGowan, Bureau of School Facilities Planning for the State Department of Education conducted the tour, accompanied by school personnel, county office personnel, and County School Board members, and concerned citizens.

A report of findings presenting the conditions as they currently exist and a summary of the facilities was sent to the County Schools Superintendent. This report will be discussed briefly in Section III. The complete report is to be found in Appendix C.

SUBJECTS:

. SELECTION

As these instruments were being developed, local school districts and outside agencies helped the research team contact handicapped adults. It was a relatively easy matter to search all records already at the Merced County Department of Education for the names of those students who participated in programs operated by the Merced County Department of Education. But in school districts, for example, where Educable Mentally Retarded programs are run by

the districts themselves or where Physically Handicapped and Orthopedically Handicapped classes are likewise maintained by the districts, it was necessary to work cooperatively at identification.

. AVAILABILITY OF DATA

More important, there were problems with availability of data. Although there is no doubt that there are at least eight hundred students who have gone through Special Education programs in the county within the last fifteen years, only 476 names were available to the research team because records can legally be destroyed after five years. In most cases, therefore, it was nearly impossible to trace students who had been in programs before 1969 or 1970.

. RANDOM SELECTION

Once available names were finally located, it was then decided that the best research design would encompass random selection of interviewees. Not only was randomlization a goal, but students were first stratified into program areas and then randomly selected. In those areas where very few student's names were available (e.g. Blind/Partially Sighted), it was decided to interview all students in that category.

. LOCATING INTERVIEWEES

The final problem was locating the interviewees. Where it was not possible

to trace a former student, a new random selection was then necessary. Telephone contacts were made with potential interviewees or their parents, or guardians, and an interview schedule was established. Out of 476 possible interviewees ninety-five were finally sampled (i.e. 20% of the population.)

DATA ANALYSIS:

One of the first decisions was that computer analysis of student and/or parent responses was the most desirable way to compile the responses to interviews with former Special Education students. The survey instrument was then constructed with this goal in mind, and efforts were coordinated with a consultant at the University of the Pacific to insure adequate computerization and return.

SUMMARY:

The goal of Project 75-10 has been to design an adult handicapped program based on identified need and available resources. Two tasks were necessary prior to the actual research: compiling a directory of agencies, groups, and businesses in the area and gaining a preliminary perspective of all elements involved. Seven components of a thorough needs assessment were then identified and a timeline for their accomplishment established. The original application specified that the research team would study handicapped adults, community agencies, and programs outside the county. It was also

decided that the project should include needs assessments by parents, concerned community members, educators, school and Public Health nurses, and Schelby Center teachers, as well as the assessment of existing Special Education facilities by State Department of Education personnel and community people.

Each instrument for assessment was pilot tested and administered to a random sample of the target group with considerations for confidentiality strictly observed. Results were compiled and analyzed by the research team.

III. FINDINGS

The findings will be divided into seven sections according to the assessments made: post-school follow-up survey; community survey; out-of-county survey; Delphi needs assessment; nurses' survey; Schelby Center teachers' survey; Special Education facilities assessment.

Each section will discuss sample characteristics, analyze the data into relevant categories, and summarize the results.

POST-SCHOOL FOLLOW-UP SURVEY

SAMPLE CHARACTERISTICS:

As the chart on the following page indicates, a total of 95 post-school handicapped adults were interviewed for this research study. Their areas of residence were located throughout the county, with the largest number coming from Merced.

According to Table 1, the largest percentage of interviewees (82.1%) were retarded adults, 47.4% of whom would be classified Trainable Mentally Retarded (TMR) and 34.7% Educable Mentally Retarded (EMR). As Table 1 also indicates, 7.4% of the total number of interviewees were Blind or Partially Sighted (B/PS), 3.2% were Deaf and Hard of Hearing (DHOH), 4.2% were Orthopedically Handicapped (OH), and 3.2% were Multiply Handicapped (MH).

Number of Adult Handicapped Interviewed by Program

and Area of Residence

Area of Residence	TMR	EMR	Blind/P.S.	Deaf/HOH	OH	MH	TOTAL
Atwater	4	1	1	1	1	2	10
Delhi	2	3	0	0	0	0	5
Dos Palos	3	2	0	0	0	0	5
Gustine	1	2	0	0	0	0	3
Hilmar	4	0	0	0	0	0	4
Livingston	1	1	1	1	0	0	4
Los Banos	1	8	0	0	0	0	9
Merced	20	12	4	1	3	1	41
Planada	0	2	0	0	0	0	2
Snelling	0	0	1	0	0	0	1
Stevinson	1	2	0	0	0	0	3
Winton	8	0	0	0	0	0	8
						TOTAL	95

Table 1

Cross-Tabulation of Interviewees by Program and Ethnic Group

Program	Ethnic Group: Caucasian No./%	Black No./%	Mexican-American No./%	Other No./%	Total No./%
TMR	34/75.6	5/11.1	4/ 8.9	2/ 4.4	45/47.4
EMR	19/57.6	6/18.2	8/24.2	.	33/34.7
Blind/PS	5/71.4	.	2/28.6	.	7/ 7.4
Deaf/HOH	3/100	.	.	.	3/ 3.2
OH	2/50.0	1/25.0	1/25.0	.	4/ 4.2
MH	3/100	.	.	.	3/ 3.2
Total	66/69.5%	12/12.6%	15/15.8%	2/ 2.1%	95/100%

Table 2

Cross-Tabulation of Interviewees by Program and Age Group

Program	Age Group: 15-19 No./%	20-24 No./%	25-29 No./%	30-34 No./%	35+ No./%	Total No./%
TMR	9/20.0	20/44.4	14/31.1	1/ 2.2	1/ 2.2	45/47.4
EMR	14/42.4	12/36.4	5/15.2	2/ 6.1	.	33/34.7
Blind/PS	1/14.3	1/14.3	1/14.3	.	4/57.1	7/ 7.4
Deaf/HOH	.	1/33.3	.	.	2/66.7	3/ 3.2
OH	.	.	.	1/25.0	3/75.0	4/ 4.2
MH	.	.	.	.	3/100	3/ 3.2
Total	24/25.3%	34/35.8%	20/21.1%	4/ 4.2%	13/13.7%	95/100%

Table 3

Number and Percentage Response Breakdown
By Special Education Program

Question (Employment)	Programs: TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
1. Employment:							
Employed: Full Time	.	7/21.2%	.	1/33.3%	.	.	8/8.4%
Employed: Part Time	2/4.4%	2/ 6.1	.	.	.	1/33.3%	5/5.3
Unemployed: Able & Want	.	11/33.3	2/28.6%	.	1/25.0%	.	14/14.7
Unemployed: Able & Refuse	1/2.2	.	.	.	.	.	1/1.1
Unemployed: Training Program	.	.	.	.	2/50.0	.	2/2.1
Unemployed: Restricted	6/13.3	3/9.1	2/28.6	.	.	2/66.7	13/13.7
Sheltered Workshop	24/53.3	2/6.1	.	.	.	.	26/27.4
Other	12/26.7	8/24.2	3/42.9	2/66.7	1/25.0	.	26/27.4
	45/100%	33/100%	7/100%	3/100%	4/100%	3/100%	95/100%
2. Occupation:							
Unskilled	27/60.0	11/33.3	.	1/33.3	1/25.0	.	40/42.1
Semi-Skilled	.	2/ 6.1	.	.	1/25.0	1/33.3	4/ 4.2
Skilled	.	3/ 9.1	1/14.3	.	1/25.0	.	5/ 5.3
Managerial	.	.	2/28.6	.	.	.	2/ 2.1
Sales	.	.	.	.	.	.	.
Professional	.	.	.	.	.	.	.
Other	.	1/ 3.0	2/28.6	.	.	.	3/ 3.2
None	18/40.0	16/48.5	2/28.6	2/66.7	1/25.0	2/66.7	41/43.2
	45/100%	33/100%	7/100%	3/100%	4/100%	3/100%	95/100%

Question (Employment)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
3. Employer:							
Private	1/2.2%	4/12.1%	.	1/33.3%	.	1/33.3%	7/7.4%
Public	1/2.2	4/12.1	.	.	1/25.0	.	6/6.3
Family	.	1/ 3.0	.	.	.	.	1/1.1
Self	.	.	1/14.3	.	.	.	1/1.1
Other	.	2/ 6.1	.	.	.	.	2/2.1
Unemployed	19/42.2	22/66.7	6/85.7	2/66.7	3/75.0	2/66.7	54/56.8
Public & Private	24/53.3	.	.	.	.	.	24/25.3
	45/100%	33/100%	7/100%	3/100%	4/100%	3/100%	95/100%
4. Income:(Based on Employment)							
Below $2000	45/100%	27/81.8%	7/100%	2/66.7%	4/100%	3/100%	88/92.6%
$2000-$3999	.	.	.	.	.	.	.
$4000-$5999	.	4/12.1	.	1/33.3	.	.	5/ 5.3
$6000-$7999	.	2/ 6.1	.	.	.	.	2/ 2.1
$8000-$9999	.	.	.	.	.	.	.
$10,000-$11,999	.	.	.	.	.	.	.
$12,000-$13,999	.	.	.	.	.	.	.
$14,000	.	.	.	.	.	.	.
	45/100%	33/100%	7/100%	3/100%	4/100%	3/100%	95/100%
5. Uniqueness of Job:							
Job chosen because of handicap	26/57.8%	10/30.3%	1/14.3%	.	.	.	37/38.9%
Job not chosen because of handicap	1/ 2.2	4/12.1	.	1/33.3	1/25.0	1/33.3	8/ 8.4
Unemployed	18/40.0	19/57.6	6/85.7	2/66.7	3/75.0	2/66.7	50/52.6
	45/100%	33/100%	7/100%	3/100%	4/100%	3/100%	95/100%
6. Ever employed(other than sheltered workshop) since leaving school:							
Yes	10/28.6%	24/75.0%	7/100%	3/100%	3/75.0%	3/100%	50/59.5%
No	25/71.4	8/25.0	.	.	1/25.0	.	34/40.5
	35/100%	32/100%	7/100%	3/100%	4/100%	3/100%	84/100%

Question (Employment)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
7. Number of paying jobs held since leaving high school:							
None	9/26.5%	4/13.3%	.	.	.	.	13/16.3%
1-2	25/73.5	15/50.0	3/42.9	1/50.0	3/75.0	1/33.3	48/60.0
3-4	.	7/23.3	2/28.6	1/50.0	.	.	10/12.5
5-6	.	2/ 6.7	1/14.3	.	.	.	3/ 3.8
7-8	.	2/ 6.7	1/14.3	.	1/25.0	.	4/ 5.0
More than 8	.	.	.	.	.	2/66.7	2/ 2.5
	34/100%	30/100%	7/100%	2/100%	4/100%	3/100%	80/100%
8. Was help needed in obtaining present job?							
Yes	11/42.3%	10/74.4%	3/100%	.	1/100%	.	25/54.3%
No	15/57.7	4/28.6	.	1/100	.	1/100	21/45.7
	26/100%	14/100%	3/100%	1/100%	1/100%	1/100%	46/100%
9. Total length of time unemployed since leaving school:							
Never	5/16.7%	2/ 7.1%	.	.	.	.	7/9.5%
Less than 1 year	5/16.7	11/39.3	2/28.6	1/50.0	.	.	19/25.7
1-2.9 years	6/20.0	8/28.6	2/28.6	1/50.0	2/50.0	1/33.3	20/27.0
3-4.9 years	6/20.0	5/17.9	.	.	.	1/33.3	12/16.2
5-6.9 years	2/ 6.7	.	.	.	.	.	2/ 2.7
7-8.9 years	2/ 6.7	1/3.6	1/14.3	.	.	.	4/ 5.4
More than 8 years	4/13.3	1/3.6	2/28.6	.	2/50.0	1/33.3	10/13.5
	30/100%	28/100%	7/100%	2/100%	4/100%	3/100%	74/100%
10. Length of time employed in sheltered workshop since leaving school:							
Never	5/15.6%	24/88.9%	7/100%	3/100%	4/100%	3/100%	46/60.5%
Less than 1 year	4/12.5	1/ 3.7	.	.	.	.	5/6.6
1-2.9 years	9/28.1	.	.	.	.	.	9/11.8
3-4.9 years	7/21.9	1/ 3.7	.	.	.	.	8/10.5
5-6.9 years	4/12.5	1/ 3.7	.	.	.	.	5/ 6.6
7-8.9 years	1/ 3.1	.	.	.	.	.	1/ 1.3
More than 8.9 years	2/ 6.3	.	.	.	.	.	2/ 2.6
	32/100%	27/100%	7/100%	3/100%	4/100%	3/100%	76/100%

Question (Family Life)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
11. Marital Status:							
Single	45/100%	31/93.9%	3/42.9%	3/100%	1/25.0%	.	83/87.4%
Married	.	2/ 6.1	2/28.6	.	2/50.0	2/66.7	8/ 8.4
Separated	.	.	.	.	1/25.0	.	1/ 1.1
Divorced	.	.	2/28.6	.	.	1/33.3	3/ 3.2
	45/100%	33/100%	7/100%	3/100%	4/100%	3/100%	95/100%
12. Number of Children (of IWEN):							
None	45/100%	29/87.9%	3/42.9%	2/66.7%	2/50.0%	1/33.3%	82/86.3%
One	.	4/12.1	2/28.6	.	.	.	6/ 6.3
Two	.	.	.	1/33.3	.	.	1/ 1.1
Three	.	.	.	.	.	1/33.3	1/ 1.1
More than three	.	.	2/28.6	.	2/50.0	1/33.3	5/ 5.3
	45/100%	33/100%	7/100%	3/100%	4/100%	3/100%	95/100%
13. Individual with Exceptional Needs living with:							
Self	1/ 2.2%	3/ 9.1%	2/28.6%	1/33.3%	.	1/33.3%	8/ 8.4%
Parent(s)	29/64.4	23/69.7	3/42.9	2/66.7	2/50.0	.	59/62.1
Spouse	.	2/ 6.1	1/14.3	.	2/50.0	2/66.7	7/ 7.4
Relative(s)	.	1/ 3.0	1/14.3	.	.	.	2/ 2.1
Foster Parents	11/24.4	.	.	.	.	.	11/11.6
Agency	2/ 4.4	2/ 6.1	.	.	.	.	4/ 4.2
Other	2/ 4.4	2/ 6.1	.	.	.	.	4/ 4.2
	45/100%	33/100%	7/100%	3/100%	4/100%	3/100%	95/100%
14. Individual having primary care and responsibility for IWEN:							
Self	1/ 2.3%	18/54.5%	6/85.7%	2/66.7%	3/75.0%	3/100%	33/35.1%
Parent(s)	29/65.9	5/15.2	1/14.3	1/33.3	1/25.0	.	37/39.4
Relative(s)	.	1/ 3.0	.	.	.	.	1/ 1.1
Foster Parents	8/18.2	.	.	.	.	.	8/ 8.5
Agency	6/13.6	3/ 9.1	.	.	.	.	9/ 9.6
Other	.	1/ 3.0	.	.	.	.	1/ 1.1
Self & Parents	.	5/15.2	.	.	.	.	5/ 5.3
	44/100%	33/100%	7/100%	3/100%	4/100%	3/100%	94/100%

Question (Family Life)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
15. Is there expectation for the Individual With Exceptional needs (IWEN) to marry in the future:							
Yes	2/ 4.8%	13/46.4%	1/20.0%	1/50.0%	.	.	17/21.0%
No	40/95.2	15/53.6	4/80.0	1/50.0	3/100	1/100%	64/79.0
	42/100%	28/100%	5/100%	2/100%	3/100%	1/100%	81/100%
16. Does IWEN require special medical or nursing care in addition to what the person can do for him/ her self:							
Yes	8/17.8%	3/ 9.1%	1/14.3%	.	1/25.0%	2/66.7%	15/15.8%
No	37/82.2	30/90.9	6/85.7	3/100	3/75.0	1/33.3	80/84.2
	45/100%	33/100%	7/100%	3/100%	4/100%	3/100%	95/100%
17. Are family and/or personal counseling services needed:							
Yes	9/20.5%	4/12.1%	3/42.9%	1/33.3%	.	.	17/18.1%
No	35/79.5	29/87.9	4/57.1	2/66.7	4/100	3/100	77/81.9
	44/100%	33/100%	7/100%	3/100%	4/100%	3/100%	94/100%
18. Are family (guardian) counseling services available:							
Yes	36/90.0%	23/76.7%	5/100%	3/100%	3/100%	3/100%	73/86.9%
No	4/10.0	7/23.3	.	.	.	.	11/13.1
	40/100%	30/100%	5/100%	3/100%	3/100%	3/100%	84/100%
19. If family counseling services are (were) made available would guardian(s) use them:							
Yes	43/100%	27/93.1%	6/100%	3/100%	3/100%	2/66.7%	84/96.6%
No	.	2/ 6.9	.	.	.	1/33.3	3/ 3.4
	43/100%	29/100%	6/100%	3/100%	3/100%	3/100%	87/100%

Question (Family Life)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
20. Have guardian activities been restricted by the need to care for IWEN:							
Yes	15/36.6%	4/44.4%	.	1/50.0%	.	.	20/37.2%
No	26/63.4	5/55.6	2/100	1/50.0%	.	.	34/63.0
	41/100%	9/100%	2/100%	2/100%			54/100%
21. If a local facility and staff for weekend or short-term care was made available, would the guardian utilize them:							
Yes	30/76.9%	4/57.1%	.	.	.	.	34/73.9%
No	9/23.1	3/42.9	.	.	.	.	12/26.1
	39/100%	7/100%					46/100%
22. In case of death of the guardian/ parent, have provisions been made for IWEN:							
Yes	24/58.5%	3/75.0%	.	.	.	.	27/60.0%
No	17/41.5	1/25.0%	.	.	.	.	18/40.0
	41/100%	4/100%					45/100%
23. Are the needs of the IWEN being met in the present living situation:							
Yes	41/95.3%	32/97.0%	7/100%	3/100%	4/100%	3/100%	90/96.8%
No	2/ 4.7%	1/ 3.0	.	.	.	.	3/ 3.2
	43/100%	33/100%	7/100%	3/100%	4/100%	3/100%	93/100%
24. Is training in homemaking skills needed for the guardian:							
Yes	.	.	.	.	.	.	.
No	44/100%	29/100%	4/100%	3/100%	4/100%	3/100%	87/100%

Question (Social Life)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
25. About how much time per day do you spend watching television:							
Never	.	1/ 3.0%	2/33.3%	.	.	.	3/ 3.2%
Less than 3 hrs/day	23/52.3	12/36.4	3/50.0	1/33.3	2/50.0	3/100	44/47.3
3-5 hrs/day	14/31.8	10/30.3	.	1/33.3	1/25.0	.	26/28.0%
6-8 hrs/day	4/ 9.1	7/21.2	1/16.7	1/33.3	1/25.0	.	14/15.1
9 or more hrs/day	3/ 6.8	3/ 9.1	.	.	.	.	6/ 6.5
	44/100%	33/100%	6/100%	3/100%	4/100%	3/100%	93/100%
26. How many social organizations dc you belong to:							
None	26/57.8%	31/93.9%	4/57.1%	2/66.7%	2/50.0%	1/33.3%	66/69.5%
One	16/35.6	2/ 6.1	1/14.3	.	1/25.0	1/33.3	21/22.1
Two	3/ 6.7	.	1/14.3	1/33.3	1/25.0	1/33.3	7/ 7.4
Three	.	.	.	.	.	.	.
Four or more	.	.	1/14.3	.	.	.	1/ 1.1
	45/100%	33/100%	7/100%	3/100%	4/100%	3/100%	95/100%
27. How often do you attend group social activities:							
Never	6/14.0%	20/60.6%	4/57.1%	1/33.3%	1/25.0%	.	32/34.4%
Once/month	23/53.5	6/18.2	1/14.3	.	1/25.0	2/66.7	33/35.5
Twice/month	.	2/ 6.1	.	.	.	.	2/ 2.2
Three times/month	.	1/ 3.0	.	1/33.3	.	1/33.3	3/ 3.2
Four or more times/month	14/32.6	4/12.1	2/28.6	1/33.3	2/50.0	.	23/24.7
	43/100%	33/100%	7/100%	3/100%	4/100%	3/100%	93/100%
28. Do you feel that your social life is restricted:							
Yes	22/51.2%	20/60.6%	4/57.1%	2/66.7%	1/25.0%	1/50.0%	50/54.3%
No	21/48.8	13/39.4	3/42.9	1/33.3	3/75.0	1/50.0	42/45.7
	43/100%	33/100%	7/100%	3/100%	4/100%	2/100%	92/100%
29. Do you socialize with three or more people in you age range:							
Yes	37/84.1%	25/75.8%	7/100%	3/100%	3/75.0%	3/100%	78/83.0%
No	7/15.9	8/24.2	.	.	1/25.0	.	16/17.0
	44/100%	33/100%	7/100%	3/100%	3/100%	3/100%	94/100%

Question (Social Life)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
30. Do you wish you knew more people in your age range:							
Yes	33/76.7%	21/65.6%	4/57.1%	1/33.3%	2/50.0%	1/33.3%	62/67.4%
No	10/23.3	11/34.4	3/42.9	2/66.7	2/50.0	2/66.7	30/32.6
	43/100%	33/100%	7/100%	3/100%	4/100%	3/100%	92/100%
31. Do you wish you had more social activities to participate in:							
Yes	32/72.7%	24/75.0%	4/57.1%	1/33.3%	2/50.0%	1/33.3%	64/68.8%
No	12/27.3	8/25.0	3/42.9	2/66.7	2/50.0	2/66.7	29/31.2
	44/100%	32/100%	7/100%	3/100%	4/100%	3/100%	93/100
32. Do you get along well with other people:							
Yes	42/97.7%	33/100%	7/100%	3/100%	4/100%	3/100%	92/98.9%
No	1/ 2.3	.	.	.	.	.	1/ 1.1
	43/100%	33/100%	7/100%	3/100%	4/100%	3/100%	93/100%
33. Do you feel comfortable around other people:							
Yes	42/95.5%	31/93.9%	6/85.7%	3/100%	4/100%	3/100%	89/94.7%
No	2/ 4.5	2/ 6.1	1/14.3	.	.	.	5/ 5.3
	44/100%	33/100%	7/100%	3/100%	4/100%	3/100%	94/100%
34. Do you like meeting new people:							
Yes	40/90.9%	31/96.9%	6/85.7%	3/100%	4/100%	3/100%	87/93.5%
No	4/ 9.1	1/ 3.1	1/14.3	.	.	.	6/ 6.5
	44/100%	32/100%	7/100%	3/100%	4/100%	3/100%	93/100%
35. Do you enjoy being around people of the opposite sex:							
Yes	33/78.6%	28/84.8%	7/100%	3/100%	4/100%	3/100%	78/84.8%
No	9/21.4	5/15.2	.	.	.	.	14/15.2
	44/100%	33/100%	7/100%	3/100%	4/100%	3/100%	92/100%

Question (Social Life)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
36. Do you feel physically confined in your present living situation:							
Yes	10/23.3%	4/12.1%	1/14.3%	1/33.3	.	1/33.3	17/18.3%
No	33/76.7	29/87.9	6/85.7	2/66.7	4/100	2/66.7	76/81.7
	43/100%	33/100%	7/100%	3/100%	4/100%	3/100%	93/100%
Question (Finances)							
37. What is your (his/her) primary source of income:							
Self-Supporting	.	7/21.2%	.	1/33.3%	.	.	8/ 8.5%
Spouse	.	.	.	.	1/25.0	.	1/ 1.1
Parent(s)	6/13.6	2/ 6.1	.	.	.	.	8/ 8.5
Guardian	.	1/ 3.0	.	.	.	.	1/ 1.1
Unemployment Insurance	.	4/12.1	.	.	.	.	4/ 4.3
State Aide	.	3/ 9.1	.	.	.	.	3/ 3.2
Federal Aide	8/18.2	2/ 6.1	3/42.9	.	2/50.0	2/66.7	17/18.1
No Support	.	5/15.2	.	.	.	.	5/ 5.3
State & Federal	30/68.2	9/27.3	4/57.1	2/66.7	1/25.0	1/33.3	47/50.0
	44/100%	33/100%	7/100%	3/100%	4/100%	3/100%	94/100%
38. What is your (his/her) secondary source of income:							
Self-Supporting	1/ 2.4%	1/ 3.0%	.	.	.	.	2/ 2.2%
Spouse	.	.	1/20.0	.	.	1/33.3	2/ 2.2
Parent(s)	6/14.3	12/36.4	1/20.0	2/66.7	.	.	21/23.3
Guardian	.	.	.	.	.	.	.
Unemployment Insurance	.	.	.	.	.	.	.
State Aide	1/ 2.4	.	.	.	.	.	1/ 1.1
Federal Aide	.	1/ 3.0	.	1/33.3	1/25.0	.	3/ 3.3
No Support	17/40.5	15/45.5	2/40.0	.	2/50.0	2/66.7	38/42.2
Other	17/40.5	4/12.1	1/20.0	.	1/25.0	.	23/25.6
	42/100%	33/100%	5/100%	3/100%	4/100%	3/100%	90/100%

Question (Finances)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
39. What is your total average monthly income:							
Less than $100	5/11.4%	8/24.2	.	.	1/25.0%	.	14/14.9%
$100-$300	23/52.3	15/45.5	4/57.1	1/33.3	1/25.0	1/33.3	45/47.9
$300-$500	16/36.4	8/24.2	2/28.6	.	1/25.0	1/33.3	28/29.8
$500-$700	.	2/ 6.1	.	2/66.7	.	1/33.3	5/ 5.3
$700-$900	.	.	1/14.3	.	1/25.0	.	2/ 2.1
	44/100%	33/100%	7/100%	3/100%	4/100%	3/100%	94/100%
40. Who handles the finances in your family:							
Self	1/ 2.3%	9/27.3%	4/57.1%	1/33.3%	2/50.0%	2/66.7%	19/20.4%
Spouse	.	1/ 3.0	.	.	.	.	1/ 1.1
Parent(s)	28/65.1	6/18.2	1/14.3	.	.	.	35/37.6
Guardian	4/ 9.3	2/ 6.1	.	.	.	.	6/ 6.5
Other	10/23.3	3/ 9.1	.	.	.	.	13/14.0
Self & Parent(s)	.	10/30.3	.	1/33.3	.	.	11/11.8
Self & Spouse	.	1/ 3.0	2/28.6	1/33.3	2/50.0	1/33.3	7/ 7.5
Self & Guardian	.	1/ 3.0	.	.	.	.	1/ 1.1
	43/100%	33/100%	7/100%	3/100%	4/100%	3/100%	93/100%
41. Are your bills more than your income:							
Yes	16/37.2%	17/51.5%	2/28.6%	1/33.3%	1/25.0%	1/33.3%	38/40.9%
No	27/62.8	16/48.5	5/71.4	2/66.7	3/75.0	2/66.7	55/59.1
	43/100%	33/100%	7/100%	3/100%	4/100%	3/100%	93/100%
42. Do you have sufficient spending money:							
Yes	42/95.5%	23/69.7%	6/85.7%	3/100%	3/75.0%	2/66.7%	79/84.0%
No	2/ 4.5	10/30.3	1/14.3	.	1/25.0	1/33.3	15/16.0
	44/100%	33/100%	7/100%	3/100%	4/100%	3/100%	94/100%

Question (Education/Training)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
43. Highest level of education reached:							
Less than 8 years	1/ 2.3%	1/ 3.2%	.	.	.	.	2/ 2.2
Less than 12 years	1/ 2.3	3/ 9.7	2/ 2.8	.	.	.	6/ 6.6
High school equivalency	37/86.0	27/87.1	4/57.1	2/66.7	2/50.0	2/66.7	74/81.3
Associate Arts	.	.	.	1/33.3	2/50.0	1/33.3	4/ 4.4
B.A.	.	.	1/14.3	.	.	.	1/ 1.1
M.A.	.	.	.	.	.	.	.
Doctorate	.	.	.	.	.	.	.
Other	4/ 9.3	.	.	.	.	.	4/ 4.4
	43/100%	31/100%	7/100%	3/100%	4/100%	3/100%	91/100%

Rate each of the following types of training as to degree of importance for IWEN:	Very Important	Important	Neutral	Not Very Important	Unimportant
44. Academic					
TMR	19/44.2%	7/16.3%	11/25.6%	3/ 7.0%	3/ 7.0%
EMR	22/68.8	3/ 9.4	4/12.5	1/ 3.1	2/ 6.3
Blind/PS	2/28.6	1/14.3	3/42.9	.	1/14.3
Deaf/HOH	2/66.7	.	1/33.3	.	.
OH	2/50.0	.	1/25.0	1/25.0	.
MH	1/33.3	1/33.3	.	1/33.3	.
Total	48/52.2	12/13.0	20/21.7	6/ 6.5	6/ 6.5
45. Vocational					
TMR	21/50.0%	5/11.9%	12/28.6%	2/ 4.8%	2/ 4.8%
EMR	16/50.0	13/40.6	2/ 6.3	.	1/ 3.1
Blind/PS	3/42.9	.	3/42.9	.	1/14.3
Deaf/HOH	3/100	.	.	.	.
OH	3/75.0	1/25.0	.	.	.
MH	1/33.3	1/33.3	1/33.3	.	.
Total	47/51.6	20/22.0	18/19.8	2/ 2.2	4/ 4.4

Question (Education/Training)	Very Important	Important	Neutral	Not Very Important	Unimportant
46. Self-Care (Physical).....					
TMR.....	5/11.6%	7/16.3%	29/67.4%	1/ 2.3%	1/ 2.3
EMR.....	1/ 3.1	.	29/90.6	.	2/ 6.3
Blind/PS.....	1/14.3	.	5/71.4	.	1/14.3
Deaf/HOH.....	.	.	3/100	.	.
OH.....	.	.	4/100	.	.
MH.....	.	.	3/100	.	.
Total.....	7/ 7.6	7/ 7.6	73/79.3	1/ 1.1	4/ 4.3
47. Independence.....					
TMR.....	3/ 7.0%	6/14.0%	34/79.1%	.	.
EMR.....	1/ 3.1	1/ 3.1	28/87.5	.	2/ 6.3
Blind/PS.....	1/14.3	.	5/71.4	.	1/14.3
Deaf/HOH.....	1/33.3	.	2/66.7	.	.
OH.....	.	.	4/100	.	.
MH.....	.	.	3/100	.	.
Total.....	6/ 6.5	7/ 7.6	76/82.6	.	3/ 3.3
48. Personal Adjustment.....					
TMR.....	3/ 7.0%	3/ 7.0%	37/86.0%	.	.
EMR.....	1/ 3.1	5/15.6	25/78.1	.	1/ 3.1
Blind/PS.....	.	.	6/85.7	.	1/14.3
Deaf/HOH.....	.	.	3/100	.	.
OH.....	.	.	4/100	.	.
MH.....	.	.	3/100	.	.
Total.....	4/ 4.3	8/ 8.7	78/84.8	.	2/ 2.2

Question (Education/Training)	Very Important	Important	Neutral	Not Very Important	Unimportant
49. Health & Hygiene.....					
TMR.....	5/11.6%	7/16.3%	31/72.1	.	.
EMR.....	1/ 3.1	2/ 6.3	28/87.5	.	1/ 3.1
Blind/PS.....	.	.	6/85.7	.	1/14.3
Deaf/HOH.....	.	.	3/100	.	.
OH.....	.	.	4/100	.	.
MH.....	.	.	3/100	.	.
Total.....	6/ 6.5	9/ 9.8	75/81.5	.	2/ 2.2
50. Physical Fitness.....					
TMR.....	20/46.5%	5/11.6%	16/37.2	.	2/ 4.7
EMR.....	4/12.5	6/18.8	19/59.4	1/ 3.1	2/ 6.3
Blind/PS.....	.	2/28.6	4/57.1	.	1/14.3
Deaf/HOH.....	.	.	3/100	.	.
OH.....	.	2/50.0	2/50.0	.	.
MH.....	.	.	3/100	.	.
Total.....	24/26.1	15/16.3	47/51.1	1/ 1.1	5/ 5.4
51. Interpersonal Relations.....					
TMR.....	3/ 6.8	4/ 9.1	37/84.1	.	.
EMR.....	1/ 3.1	7/21.9	23/71.9	.	1/ 3.1
Blind/PS.....	.	.	6/85.7	.	1/14.3
Deaf/HOH.....	.	.	3/100	.	.
OH.....	.	.	4/100	.	.
MH.....	.	.	3/100	.	.
Total.....	4/ 4.3	11/11.8	76/81.7	.	2/ 2.2

Question (Education/Training)	Very Important	Important	Neutral	Not Very Important	Unimportant
52. Finances					
TMR.....	.	3/ 7.0	5/11.6	3/ 7.0	32/74.4
EMR.....	3/ 9.4	2/ 6.3	24/75.0	.	3/ 9.4
Blind/PS.....	.	.	6/85.7	.	1/14.3
Deaf/HOH.....	.	1/33.3	2/66.7	.	.
OH.....	.	.	4/100	.	.
MH.....	.	.	3/100	.	.
Total.....	3/ 3.3	6/ 6.5	44/47.8	3/ 3.3	36/39.1
53. Mobility (Physical).....					
TMR.....	1/ 2.4	2/ 4.8	39/92.9	.	.
EMR.....	.	.	30/96.8	.	1/ 3.2
Blind/PS.....	1/14.3	.	5/71.4	.	1/14.3
Deaf/HOH.....	.	.	3/100	.	.
OH.....	.	.	4/100	.	.
MH.....	.	1/33.3	2/66.7	.	.
Total.....	2/ 2.2	3/ 3.3	83/92.2	.	2/ 2.2
54. Communication Skills.....					
TMR.....	22/50.0	7/15.9	15/34.1	.	.
EMR.....	2/ 6.3	6/18.8	23/71.9	.	1/ 3.1
Blind/PS.....	.	.	6/85.7	.	1/14.3
Deaf/HOH.....	1/33.3	1/33.3	1/33.3	.	.
OH.....	.	1/25.0	3/75.0	.	.
MH.....	.	.	3/100	.	.
Total.....	25/26.9	15/16.1	51/54.8	.	2/ 2.2

Question (Education/Training)	Very Important	Important	Neutral	Not Very Important	Unimportant
55. Homemaking.....					
TMR.....	5/11.6%	18/41.9%	19/44.2%	.	1/ 2.3%
EMR.....	7/21.9	6/18.8	15/46.9	3/ 9.4	1/ 3.1
Blind/PS.....	.	.	6/85.7	.	1/14.3
Deaf/HOH.....	.	.	3/100	.	.
OH.....	.	1/25.0	3/75.0	.	.
MH.....	.	.	2/66.7	1/33.3	.
Total.....	12/13.0	25/27.2	48/52.2	4/ 4.3	3/ 3.3
56. Social Behavior.....					
TMR.....	4/ 9.1	4/ 9.1	35/79.5	.	1/ 2.3
EMR.....	.	3/ 9.4	28/87.5	.	1/ 3.1
Blind/PS.....	.	.	6/85.7	.	1/14.3
Deaf/HOH.....	.	.	3/100	.	.
OH.....	.	.	4/100	.	.
MH.....	.	.	3/100	.	.
Total.....	4/ 4.3	7/ 7.5	79/84.9	.	3/ 3.2
57. Transportation (Driving).....					
TMR.....	.	1/ 2.3	3/ 7.0	3/ 7.0	36/83.7
EMR.....	3/ 9.4	5/15.6	18/56.3	4/12.5	2/ 6.3
Blind/PS.....	.	.	3/42.9	.	4/57.1
Deaf/HOH.....	.	.	2/66.7	.	1/33.3
OH.....	1/25.0	.	3/75.0	.	.
MH.....	.	.	3/100	.	.
Total.....	4/ 4.3	6/ 6.5	32/34.8	7/ 7.6	43/46.7

Question (Education/Training)	Very Important	Important	Neutral	Not Very Important	Unimportant
58. Consumer Behavior.....					
TMR.....	1/ 2.4%	2/ 4.8%	25/59.5%	2/ 4.8%	12/28.6%
EMR.....	12/38.7	3/ 9.7	14/45.2	1/ 3.2	1/ 3.2
Blind/PS.....	.	1/14.3	5/71.4	.	1/14.3
Deaf/HOH.....	1/33.3	.	2/66.7	.	.
OH.....	1/25.0	.	3/75.0	.	.
MH.....	1/33.3	.	2/66.7	.	.
Total.....	16/17.8	6/ 6.7	51/56.7	3/ 3.3	14/15.6
59. Community Awareness.....					
TMR.....	.	5/11.6	37/86.0	.	1/ 2.3
EMR.....	2/ 6.3	3/ 9.4	25/78.1	1/ 3.1	1/ 3.1
Blind/PS.....	.	1/14.3	5/71.4	.	1/14.3
Deaf/HOH.....	.	.	3/100	.	.
OH.....	.	1/25.0	3/75.0	.	.
MH.....	.	1/33.3	2/66.7	.	.
Total.....	2/ 2.2	11/12.0	75/81.5	1/ 1.1	3/3.3
60. Recreational.....					
TMR.....	12/27.9	8/18.6	22/51.2	1/ 2.3	.
EMR.....	9/28.1	8/25.0	13/40.6	1/ 3.1	1/ 3.1
Blind/PS.....	.	.	6/85.7	.	1/14.3
Deaf/HOH.....	.	1/33.3	2/66.7	.	.
OH.....	.	2/50.0	.	2/50.0	.
MH.....	.	.	3/100	.	.
Total.....	21/22.8	19/20.7	46/50.0	4/4.3	2/ 2.2

Question (Education/Training)	Very Important	Important	Neutral	Not Very Important	Unimportant
61. Family Life.....					
TMR.....	1/ 2.3%	3/ 7.0%	2/ 4.7%	2/ 4.7%	35/81.4%
EMR.....	7/22.6	5/16.1	17/54.8	.	2/ 6.5
Blind/PS.....	.	.	6/85.7	.	1/14.3
Deaf/HOH.....	.	.	3/100	.	.
OH.....	.	.	4/100	.	.
MH.....	.	.	3/100	.	.
Total.....	8/ 8.8	8/ 8.8	35/38.5	2/ 2.2	38/41.8
62. College Preparation.....					
TMR.....	.	.	.	.	43/100
EMR.....	2/ 6.3	4/12.5	11/34.4	3/ 9.4	12/37.5
Blind/PS.....	.	.	5/71.4	.	2/28.6
Deaf/HOH.....	1/33.3	.	2/66.7	.	.
OH.....	.	1/25.0	3/75.0	.	.
MH.....	1/33.3	.	2/66.7	.	.
Total.....	4/ 4.3	5/ 5.4		3/ 3.3	57/62.0
63. Self-Respect and Acceptance.....					
TMR.....	1/ 2.3	4/ 9.3	35/81.4	.	3/ 7.0
EMR.....	4/12.5	4/12.5	23/71.9	.	1/ 3.1
Blind/PS.....	.	.	6/85.7	.	1/14.3
Deaf/HOH.....	.	1/33.3	2/66.7	.	.
OH.....	.	.	4/100	.	.
MH.....	.	.	3/100	.	.
Total.....	5/ 5.4	9/ 9.8	73/79.3	.	5/ 5.4

Question (Education/Training)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
64. Does IWEN desire further training:							
Yes	35/81.4%	31/96.9%	6/85.7%	3/100%	4/100%	3/100%	82/89.1%
No	8/18.6	1/ 3.1	1/14.3	.	.	.	10/10.9
	43/100%	32/100%	7/100%	3/100%	4/100%	3/100%	92/100%
65. Are there types of training you have identified as very important in items 44-63 which are not part of an adult program in Merced County:							
Yes	38/86.4%	25/80.6%	4/57.1%	3/100%	2/50.0%	2/66.7%	74/80.4%
No	6/13.6	6/19.4	3/42.9	.	2/50.0	1/33.3	18/19.6
	44/100%	31/100%	7/100%	3/100%	4/100%	3/100%	92/100%
66. Would parents/guardian allow IWEN (or would IWEN) participate in a training program related to the areas of priority:							
Yes	40/93.0%	29/96.7%	5/83.3%	3/100%	4/100%	2/100%	83/94.3%
No	3/ 7.0	1/ 3.3	1/16.7	.	.	.	5/ 5.7
	43/100%	30/100%	6/100%	3/100%	4/100%	2/100%	88/100%
67. Are there obstacles to gaining further training/education besides lack of available programs:							
Yes	17/40.5%	22/71.0%	6/85.7%	3/100%	2/50.0%	1/33.3%	51/56.7%
No	25/59.5	9/29.0	1/14.3	.	2/50.0	2/66.7	39/43.4
	42/100%	31/100%	7/100%	3/100%	4/100%	3/100%	90/100%

Question (Recreation)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
68. Do you enjoy your spare time:							
Yes	39/95.1%	27/81.8%	5/71.4%	3/100%	3/75.0%	3/100%	80/87.9%
No	2/4.9	6/18.2	2/28.6	.	1/25.0	.	11/12.1
	41/100%	33/100%	7/100%	3/100%	4/100%	3/100%	91/100%
69. Do you have too much spare time:							
Yes	7/15.9%	4/12.1%	2/28.6%	.	.	.	13/13.8%
No	37/84.1	29/87.9	5/71.4	3/100%	4/100%	3/100%	81/86.2
	44/100%	33/100%	7/100%	3/100%	4/100%	3/100%	94/100%
70. Would you like to have more hobbies:							
Yes	24/58.5%	19/59.4%	2/33.3%	.	3/75.0%	1/33.3%	49/55.1%
No	17/41.5	13/40.6	4/66.7	3/100	1/25.0	2/66.7	40/44.9
	41/100%	32/100%	6/100%	3/100%	4/100%	3/100%	89/100%
71. Do you need more recreational activities:							
Yes	28/63.6%	20/60.6%	3/42.9%	1/33.3%	4/100%	2/66.7%	58/61.7%
No	16/36.4	13/39.4	4/57.1	2/66.7	.	1/33.3	36/38.3
	44/100%	33/100%	7/100%	3/100%	4/100%	3/100%	94/100%
72. Would you like to learn about more recreational activities:							
Yes	34/79.1%	20/62.5%	4/66.7%	2/66.7%	4/100%	1/50.0%	65/72.2%
No	9/20.9	12/37.5	2/33.3	1/33.3	.	1/50.0	25/27.8
	43/100%	32/100%	6/100%	3/100%	4/100%	2/100%	90/100%

Question (Transportation)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
73. Do you have a driver's license:							
Yes	.	14/42.4%	.	2/66.7%	3/75.0%	3/100%	22/23.7%
No	44/100	19/57.6	6/100	1/33.3	1/25.0	.	71/76.3
	44/100%	33/100%	6/100%	3/100%	4/100%	3/100%	93/100%
74. Do you want a driver's license:							
Yes	2/ 4.5%	13/68.4%	.	.	1/100%	.	16/22.5%
No	42/95.5	6/31.6	6/100	1/100	.	.	55/77.5
	44/100%	19/100%	6/100%	1/100%	1/100%		71/100%
75. Do you feel you can get a driver's license:							
Yes	1/ 2.3%	11/61.1%	.	.	1/100%	.	13/18.6%
No	43/97.7	7/38.9	6/100	1/100	.	.	57/81.4
	44/100%	18/100%	6/100%	1/100%	1/100%		70/100%
76. Is transportation a problem for IWEN:							
Yes	10/24.4%	15/45.5%	5/71.4%	1/33.3%	2/50.0%	.	33/36.3%
No	31/75.6	18/54.5	2/28.6	2/66.7	2/50.0	3/100	58/63.7
	41/100%	33/100%	7/100%	3/100%	4/100%	3/100%	91/100%
77. What means of transportation do you have:							
Own car	.	7/21.2%	.	2/66.7%	2/50.0%	3/100%	14/14.9%
Friend/relative	35/79.5	23/69.7	7/100	1/33.3	1/25.0	.	67/71.3
Public transportation	2/ 4.5	.	.	.	.	.	2/ 2.1
Other	4/ 9.1	.	.	.	.	.	4/ 4.3
Friend/relative & Public trans	3/ 6.8	1/ 3.0	.	.	1/25.0	.	5/ 5.3
Friend/relative & other	.	2/ 6.1	.	.	.	.	2/ 2.1
	44/100%	33/100%	7/100%	3/100%	4/100%	3/100%	94/100%
78. If it were available, would you use public transportation:							
Yes	13/39.4%	26/89.7%	5/100%	2/66.7%	3/100%	1/33.3%	50/64.9%
No	20/60.6	3/10.3	.	1/33.3	1/25.0	1/25.0	27/35.1
	33/100%	29/100%	5/100%	3/100%	4/100%	2/100%	77/100%

Question (Housing)	TMR	EMR	Blind/PS	Deaf/HOH	OH	MH	Total
79. Are you Presently:							
Buying a home	.	.	1/14.3%	.	2/50.0%	1/33.3	4/ 4.3%
Renting a home	.	.	.	.	.	.	.
Renting an apartment	1/ 2.3	5/15.6	.	.	.	1/33.3	7/ 7.5
Board and care	43/97.7	9/28.1	.	.	.	.	52/55.9
Nursing home	.	.	.	.	.	.	.
Other	.	18/56.3	6/85.7	3/100	2/50.0	1/33.3	30/32.3
	44/100%	32/100%	7/100%	3/100%	4/100%	3/100%	93/100%
80. Has finding suitable housing been a problem for you:							
Yes	2/ 7.1%	5/16.1%	1/20.0%	.	1/25.0%	1/33.3%	10/13.7%
No	26/92.9	26/83.9	4/80.0	2/100	3/75.0	2/66.7	63/86.3
	28/100%	31/100%	5/100%	2/100%	4/100%	3/100%	73/100%
81. Do you like living where you are:							
Yes	43/95.6%	26/81.3%	7/100%	1/33.3%	4/100%	2/66.7%	83/88.3%
No	2/ 4.4	6/18.8	.	2/66.7	.	1/33.3	11/11.7
	45/100%	32/100%	7/100%	3/100%	4/100%	3/100%	94/100%
82. If assistance were available in finding a place to live, would you use it:							
Yes	6/66.7%	3/18.8%	.	.	.	.	9/24.3%
No	3/33.3	13/81.3	4/100	2/100	3/100	3/100	28/75.7
	9/100%	16/100%	4/100%	2/100%	3/100%	3/100	37/100%

As Table 1 also shows, slightly more than two out of three interviewees were Caucasion. It is interesting that the percentages of interviewees by ethnic group roughly corresponds to the ethnic distribution within the county, with the exception of the Mexican-American group. While this group was ethnically comparable for the EMR, B/PS, and OH categories, there were no Mexican-Americans in the DHOH or MH categories, and their representation was extremely small for the TMR classification. This accounts for the fact that only 15.8% of the interviewees were Mexican-Americans, as opposed to approximately 24% ethnic distribution within the county.

Table 2 provides the cross tabulation of interviewees by program and age group. By far the majority of interviewees fall within the fifteen to twenty-nine-year-old age group (i.e. 82.2%). Within each program classification, however, the age group differentials vary considerably.

For TMR, the predominant age (i.e. 75.5%) is likely to be between twenty and twenty-nine years. For the less severely mentally retarded the age is likely to fall between fifteen and twenty-four. No interviewee in this program category was selected over thirty-four years of age.

The other program categories had so few interviewees that it is not desirable to derive any conclusions. Suffice it to say, however, that in these four remaining categories, interviewees were more likely to be in the over-thirty age range. This can be attributed to the fact that programs in Merced County

for the Deaf, Blind, Orthopedically Handicapped and Multiply Handicapped 1) are relatively new and 2) make it necessary for people fourteen years of age and over to seek educational services outside the county.

RESPONSES:

Table 3 analyzes the responses to the survey proper as opposed to the identifying information contained in Tables 1 and 2. Responses fall within several categories: employment, family life, social life, education and training, recreation, transportation, and housing. It was felt that these were the categories that would most clearly indicate post-school adjustment and most accurately point the way to program development for handicapped adults in the county. The results of Table 3 are contained on pages 38 to 58 for easy reference as each category is explained.

. EMPLOYMENT

The vast majority of interviewees (72.6%) are either unemployed or functioning in sheltered workshops. Only 13.7% are employed either full time or part time. Note that just two adults are participating in training programs, yet only one interviewee is able to work but refuses to do so.

As the results from question number two clearly indicate, 40% of the interviewees consider themselves unskilled with 41% responding that they have no

occupation whatsoever. No interviewee was found in the sales or professional category. Those who were employed (Cf. Question 3, page 39) listed "public and private" as their employer. The third question indicates that unemployment status is not just true of the mentally retarded, but that all categories of handicapped in Merced County report this condition to be true. It is not surprising, considering this employment picture, that the vast majority (i.e. 92.6%) fall within an income level below $2,000.

For those who did work, more than one third (i.e. 38.9%) responded that they chose the job because of their handicap. This is especially true with respect to TMR, EMR, and B/PS individuals. Only the DHOH, the OH, and the MH interviewees responded that the job was not chosen because of handicapping condition.

While 56.8% of the interviewees had responded that they were unemployed (Cf. question 3, page 39) 40.5% responded that they had never been employed in other than a sheltered workshop since leaving school. The majority of those responding affirmatively to employment since high school reported that they had held one or two jobs since leaving. 16.3% responded that they had held no job whatsoever, including employment in a sheltered workshop, since leaving high school. For those responding, an almost equal number said they needed help in obtaining their present job as felt they did not need help. One-fourth of the interviewees had been unemployed less than one year since leaving school, but 43.2% had been without employment for between one and 4.9 years.

Although 60.5% of the interviewees had never been employed in a sheltered workshop since leaving school, the remainder had been employed for one year or more in this environment.

. FAMILY LIFE

With respect to family life, 87.4% of the interviewees were single, with an almost equal percentage reporting no children. 79% reported no expectation to marry in the future. A very small percentage of interviewees lived alone, while 73.7% were living with parents or foster parents. None of the DHOH, OH, or MH interviewees lived with foster parents or in agencies.

74.5% of all interviewees reported that they themselves or their parents had primary care and responsibility for themselves. It is interesting to note that 84.2% responded that the interviewee would not require special medical or nursing care in addition to what he or she could do personally. Perhaps because of this fact, 87% of the interviewees did not feel that training in homemaking skills for the guardian was needed.

With respect to counseling services, 86.9% of the interviewees were aware that family counseling services are available. 81.9% of the respondents said that family and/or personal counseling were not needed, yet 96.6% said that if family counseling service were made available, the guardians would use them. (Cf. questions seventeen and nineteen).

Twice as many parents or guardians responded that their activities had not been restricted by the need to care for the handicapped individual as those who answered affirmatively. Nevertheless, if a local facility and staff for a weekend or short term care were made available, 73.9% responded that this service would be utilized. (Cf. items 20 and 21)

96.8% of the interviewees responded that the needs of the handicapped were being met in their present living situation. Only three mentally retarded individuals responded negatively to this question. 81.7% felt they were not physically confined in their present living situation. Of some concern, however, is the fact that in case of death of the guardian or parent 40% of the handicapped individuals have had no provision made for their care and maintenance.

. SOCIAL LIFE

Television seems to be an important factor in the handicapped individual's life. Only 3.2% of the interviewees (two of whom were blind or partially sighted) responded that they never watched television. Almost half watched television up to three hours a day, and 43.1% spent between three and eight hours in this past time.

Social organizations and social activities in contrast assumed less importance in the interviewees' lives: 69.5% responded that they belonged to no social

organizations and 69.9% attended group social activities only once a month or not at all. Conversely, the remainder of the interviewees participated in social activities four or more times a month. It appears, therefore, that the handicapped individual either socializes greatly or not at all.

More than half (54.3%) of the interviewees felt their social lives were restricted, while a somewhat lesser number is apparently satisfied. Nevertheless, 68.8% responded that they wished they had more social activities in which to participate (Cf. item number 31). Likewise, 83% said they socialized with three or more people in their age range, yet 67.4% wished they knew more people their own ages.

There were considerable good feelings among the handicapped toward their relationships with other people: 98.9% answered affirmatively when asked if they got along well with other people; 94.7% when asked if they felt comfortable around other people; and 93.5% when asked if they liked meeting new people. A somewhat lesser affirmative response (84.8%) was obtained when interviewees were asked if they enjoyed being around people of the opposite sex.

The remainder of the questions in the survey attempted to identify life skills in which the handicapped individual might be lacking. For example, the majority of interviewees (68.1%) identified their primary source of income as federal aid or a combination of state and federal assistance. Those listing a secondary source of income most frequently mentioned their parents (23.3%) or relatives

or friends (25.6%). One-seventh of the interviewees (14.9%) receive less than one hundred dollars a month to live on, and 47.9% receive between one and three hundred dollars. Only 2.1% reported average monthly incomes between seven and nine hundred dollars. 40.9% responded that they have sufficient spending money.

Only 20.4% of the interviewees handle their own personal finances. 63.4% relinquish this responsibility to a parent or some other person or manage the finances in conjunction with a parent.

. EDUCATION AND TRAINING

In the area of education and training 81.3% of the interviewees had attained a high school education. 6.6% had less than twelve years of education, and only 2.2% less than eight years of education. This last figure refers only to the mentally retarded. There were also those among the blind, the deaf and the orthopedically handicapped who had achieved an educational level beyond high school.

It was important for this study to try to determine which types of training were considered most important for the handicapped individual. 44.2% of the TMR and 68.8% of the EMR respondents considered academic training very important for a handicapped individual. In contrast 42.9% of the B/PS respondents felt neutral toward this area. With respect to vocational education more than of all the interviewees ranked this as very important.

Training in physical self-care does not appear to be of great concern to the handicapped interviewees or their parents with 79.3% expressing neutrality toward this category. Likewise there were similar responses for items pertaining to personal adjustment, health and hygiene, interpersonal relationships, and physical mobility, finances, transportation, family life, and college preparation.

Three areas were considered important by the respondents, including communicative skills and homemaking. Consumer behavior was neutrally regarded, with approximately the same interest at either ends of the spectrum. Recreational training, however, assumed major importance for the respondents.

89.1% of the interviewees desired further training, and 80.4% suggested that there were types of training identified by the questionnaire which they considered very important but which are not part of an adult program in Merced County. 94.3% of the interviewees said they would participate in a training program, a response having considerable implication for any kind of adult program started in Merced County. Finally, respondents were divided on the question of obstacles to further training besides lack of available program. Such problems as transportation and finances will need consideration and solution.

. TRANSPORTATION

Less than 25% of the interviewees possess drivers' licenses. 81.4% of the interviewees feel they are eligible for a drivers' license. However, 63.7% of

the interviewees responded that transportation was not a problem for them. When asked what means of transportation was available, 71.3% relied on friends or relatives, but almost 66% would use public transportation if it were available to them.

. HOUSING

More than half of the interviewees live in board and care residences. The overwhelming majority responded that finding suitable housing had not been a problem; 88.4% like living where they are. In view of these responses it is not surprising that over 75% of the interviewees said that if assistance were available in finding a place to live, they would not use it.

. SUBJECTIVE FINDINGS

The subjective evaluations by Dr. McDonald of the post-school follow-up survey are contained in Appendix B. Briefly, these evaluations fall within three categories pertaining to the severely mentally retarded, the educable mentally retarded, and adults with other handicapping condition.

With respect to the Trainable Mentally Retarded (TMR), Dr. McDonald found that common problems existed among all the interviewees involving the financial and emotional responsibilities that attend living and coping with the needs of TMR individuals. Subjective responses dealt with two general areas:

familiar concerns and present needs of the former student.

Parents related to Dr. McDonald the various common crisis points in their lives from the time the TMR individual is an infant to the time he or she is well into adulthood. Parents described those times when they first realized their children were handicapped, when they arranged for the education of their children, and when they faced the end of public schooling, when their children reached twenty-one years of age and they decided for or against residential care. The final crisis point was parental death for which the needs of the TMR individual had to be considered. In addition to these critical times, parents and/or guardians describe the constant adjustment to financial demands and the problems of personal restrictions.

Dr. McDonald found that several needs remain unmet for the adult TMR. The first was the need for instruction in oral communication and continuous language experiences. Because parents report regression in the TMR's language ability when the school experience is interrupted or terminated, the implication seems to be that in-service for parents in language development of the severely retarded would be appropriate and beneficial.

Dr. McDonald also presents a case for determining and recognizing an optimum learning time for the TMR individual, just as educators recognize optimum learning times for the non-retarded student. Dr. McDonald suggests that public education ends (when TMR's reach twenty-one years of age) at the very time

when severely handicapped adults are reaching that optimum learning time. In other words, if education in some form would continue, the severely retarded would reach a surprising level of achievement. Along this same vein, Dr. McDonald argues that mental capacity in the severely retarded is not static, nor does it reach a stopping point beyond which further achievement or learning is impossible.

Finally, Dr. McDonald recognizes that the TMR individual has the same needs for love, recognition, and achievement as everyone else. Respondents generally believed that these needs are not being met and that more opportunities for their realization must be provided.

With the EMR interviewees, Dr. McDonald found some unexpected - but undeniable - general trends. First, there was an inordinary number of minorities. Among those interviewees who seemed truly retarded, there was a general satisfaction with the Special Education program they had experienced. As for the remainder of the respondents, they were either functionally or totally illiterate. It was Dr. McDonald's contention that most were the victims of an educational numbers game. Very few seemed happy with their lives.

The interviewees were oriented toward jobs as a way of feeling good about themselves, but were intimidated by the application and employment process. In addition, their knowledge of employment choices was severely limited, and they thought in terms of low-paying, unskilled jobs. None reported receiving

skills training (academic or occupational) after eleven or twelve years of age.

Dr. McDonald's conclusion regarding interviewees with other handicapping conditions was that the samples were too small to make generalizations. Nevertheless, common problems emerged having to do with others' attitudes, employment opportunities, and awareness of rights.

Interviewees reported that, because their handicapping conditions are visible ones, they are treated differently, usually awkwardly. They were critical of employment and rehabilitation agencies where people were generally too busy to be of service, lacked understanding of their conditions, and offered few if any training programs.

Dr. McDonald found that the job outlook for this group of adults was not promising: potential employers cited insurance problems as reasons for not hiring the handicapped. As a result, the handicapped experienced great difficulties getting credit and worried about the medical expenses of their families.

Dr. McDonald concluded that a need for in-depth study of the problems of the handicapped exists and that these problems need to be widely advertised. The handicapped themselves have a tremendous need to become educated about their rights as citizens.

SUMMARY OF POST-SCHOOL FOLLOW-UP:

Based on research into the post-school adjustment of handicapped adults, four significant needs emerged.

By far the majority of respondents (72.6%) are unemployed or employed through one of the two sheltered workshops. Unemployment is a characteristic across all categories of handicapping conditions. Those who were employed reported that they needed help obtaining their present job. Despite "employment", 92.6% of the respondents received less than $2,000 per year. 68.1% of the total identified state and federal aide as their primary sources of income.

On the basis of these considerations and the fact that 89.1% of the interviewees desire further training, a significant need of handicapped adults in Merced County appears to be for a training-employment center. In view of the fact that 40% of these adults have no provisions made for themselves after the death of their parents or guardians, such a center where adults can achieve a degree of independence is even more crucial. In conjunction with this, 73.9% of the respondents feel the need for a respite-care facility.

The second major need is for increased recreational opportunities for handicapped adults. 68.8% of the interviewees want more social activities, and 61.7% more recreational activities.

The third need is for increased public transportation. 66% of the respondents answered that they would use public transportation if available.

Lastly, although 84.2% of the interviewees do not require special medical or nursing care and 96.8% report that their needs are presently being met, a very large 96.6% report that family counseling is needed.

COMMUNITY SURVEY

SAMPLE CHARACTERISTICS:

As Section II on Procedures described, a total of 183 community agencies, groups, and businesses were chosen at random from a complete list of county-wide resources. Questionnaires with return envelopes enclosed were then mailed to each with a request for return in two weeks.

A representative cross section was provided for in the sample to ensure the broadest possible view of available resources.

Not all respondents answered all questions, however, and many provided written remarks, a fact which has been provided for in Table 4. In general, an attempt was to break questions into two categories - one pertaining to the physically handicapped and the other relative to the mentally handicapped. The tabulation of responses to this questionnaire can be found in Table 4 on pages 77 to 81.

RESPONSES:

More than 50% of the respondents said that their business, agency or group did have jobs at this time that could be performed by the physically handicapped. Only 20% indicated a similar response for the mentally handicapped. Almost 66% of the respondents indicated that they had no jobs for the mentally handicapped at this time.

Although 51% and 20% of the respondents answered that their business, agency or group had jobs for the physically and mentally handicapped respectively, only 20% answered that they actually employ handicapped persons at this time. It is significant that only 15% felt that the question did not apply. Likewise only 6% employ the handicap on a part-time basis. This indicates a significant job market for the handicapped, particularly the physically handicapped, which has not as yet been developed.

Concerning willingness to hire the handicapped, 52% were willing to hire the physically handicapped and 20% the mentally handicapped. Only 8% responded that they were not willing to hire the physically handicapped, but 38% responded negatively to hiring the mentally handicapped.

Asked if the business, agency or group would be willing to modify existing jobs so that the handicapped could be hired, 27% responded affirmatively and approximately an equal number responded negatively.. 38% viewed the question as not applying to their situation.

32% of the respondents answered that they would contact the Employment Development Division if they wanted to hire the handicapped. 23% answered the Employment Development Division and some other agency. However, 31% of the respondents did not know whom to contact if they wanted to hire the handicapped.

Likewise, only 30% of the respondents knew of any local agency that trained

handicapped adults, while 68% acknowledged no local training agency. Asked if the respondent is already training or would be willing to help train the handicapped, 8% of the respondents answered that they already train the handicapped through donated time, but 21% indicated that they are willing to train either through donated time or for a minimum fee. Many more, however, were willing to provide help in training the handicapped. 24% indicated that they could provide manpower to help train the handicapped, and 10% indicated that they could provide some financial assistance. 13% and 17% were willing to provide material and space respectively, while 30% indicated that they would provide access to an activity. 39% of the respondents were unable to provide any help to train the handicapped, which indicates that there was some overlapping in the affirmative responses.

In terms of program, respondents were asked to rank the different types of training for handicapped persons that might be incorporated in a training program. Those items receiving highest priority (i.e. those that were marked most important or important) were vocational, self care, independence, personal adjustment, interpersonal relations, mobility, communication skills, and self-respect and acceptance. The two areas that were most highly rated were the vocational and self-respect and acceptance categories. Although various components were rated differently, in general no area was considered lacking in importance.

With respect to activities for the handicapped, 37% of the respondents indicated

they would be willing to help sponsor social activities for the handicapped. Likewise 55% indicated that they would be able to provide some sort of resources for adult handicapped recreational and social activities.

Table 4

Tabulation of Responses to the Community Survey: Services and Resources for Adult Handicapped

1. Does your business/agency/group have jobs at this time that could be performed by the physically handicapped?

Yes No./ %	No No./ %	Not Applicable No./ %	Maybe No./ %	Written Remark No./ %	No Response No./ %
36/51%	24/34%	8/11%	.	2/3%	2/3%

2. Does your business/agency/group have jobs at this time that could be performed by the mentally handicapped?

Yes No./ %	No No./ %	Not Applicable No./ %	Maybe No./ %	Written Remark No./ %	No Response No./ %
14/20%	45/63%	8/11%	.	5/7%	1/1%

3. Does your business/agency/group currently employ a handicapped person?

Yes Full-Time No./ %	Yes Three-Quarters Time No./ %	Yes Part-Time Regularly No./ %	Yes Hourly As-Needed No./ %	No No./ %	Not Applicable No./ %
14/20%	2/3%	2/3%	1/1%	40/56%	11/15%

4. Is your business/agency/group willing to hire the physically handicapped?

Yes No./ %	No No./ %	Not Applicable No./ %	Maybe No./ %	Written Remark No./ %	No Response No./ %
37 / 52%	6 / 8%	21 / 30%	1 / 1%	4 / 6%	4 / 6%

5. Is your business/agency/group willing to hire the mentally handicapped:

Yes No./ %	No No./ %	Not Applicable No./ %	Maybe No./ %	Written Remark No./ %	No Response No./ %
14 / 20%	27 / 38%	23 / 32%	1 / 1%	6 / 8%	1 / 1%

Table 4 (Cont.)

Tabulation of Responses to the Community Survey Services and Resources for Adult Handicapped

6. Is your business/agency/group willing to modify existing jobs so that the handicapped could be hired?

Yes No./ %	No No./ %	Not Applicable No./ %	Maybe No./ %	Written Remark No./ %	No Response No./ %
19/27%	16/23%	27/38%	.	7/10%	3/4%

7. Who would you contact if you wanted to hire the handicapped?

EDD* No./ %	EDD and Other No./ %	Other No./ %	Don't Know No./ %	Written Remark No./ %	No Response No./ %
23/ 32%	6/8%	11/15%	22/31%	3/4%	8/11%

8. Do you know of any local agencies that train handicapped adults?

Yes No./ %	No No./ %	Written Remark No./ %	No Response No./ %
21/30%	48/68%	2/3%	1/1%

9. Are you already training or would you be willing to help train the handicapped?

Yes, already train through donated time. No./ %	Yes, already train for a minimal fee. No./ %	Yes, willing to train through donated time. No./ %	Yes, willing to train for a minimal fee No./ %	No No./ %	N/A No./ %	Written Remark No./ %	No Response No./ %
6/8%	.	9/13%	6/8%	14/20%	28/39%	7/10%	4/6%

Table 4 (Cont.)

Tabulation of Responses to the Community Survey Services and Resources for Adult Handicapped

10. Which of the following would you be able to provide to help train the handicapped?

Man Hours No./ %	Money No./ %	Material No./ %	Space No./ %	Access to activity No./ %	Other No./ %	Unable to provide No./ %	Written Remark No./ %	No Response No./ %
17/24%	7/10%	9/13%	12/17%	21/30%	7/10%	28/39%	6/8%	3/4%

11. Which do you consider the most important type(s) of training for handicapped persons that should be incorporated in a training program?

	Most Important No./ %	Important No./ %	Neutral No./ %	Not Very Important No./ %	Least Important No./ %	Written Remark No./ %	No Response No./ %
Academic	3/4%	24/34%	10/14%	1/1%	3/4%	7/10%	25/35%
Vocational	30/42%	17/24%	•	1/1%	•	6/8%	18/25%
Self-Care	24/34%	24/34%	1/1%	•	•	6/8%	17/24%
Independence	18/25%	23/32%	5/7%	2/3%	•	7/10%	17/24%
Personal adjustment	21/30%	22/31%	1/1%	•	•	7/10%	21/30%
Health & hygiene	8/11%	28/39%	8/11%	1/1%	•	7/10%	20/19%
Physical fitness	7/10%	21/30%	16/23%	2/3%	•	7/10%	19/26%
Interpersonal relations	14/20%	26/37%	2/3%	1/1%	•	7/10%	22/31%
Finances	2/3%	27/38%	17/24%	3/4%	1/1%	7/10%	21/30%
Mobility	10/22%	22/31%	8/11%	3/4%	•	7/10%	22/31%
Communication skills	16/23%	24/34%	4/6%	1/1%	•	7/10%	20/19%
Homemaking	6/8%	11/15%	18/25%	6/8%	2/2%	7/10%	22/31%
Social behavior	10/14%	25/35%	9/13%	•	•	7/10%	21/30%

Table 4 (Cont.)

Tabulation of Responses to the Community Survey Services and Resources for Adult Handicapped

	Most Important No./ %	Important No./ %	Neutral No./ %	Not Very Important No./ %	Least Important No./ %	Written Remark No./ %	No Response No./ %
Transportation (Driving Auto)	5/7%	18/25%	10/14%	6/8%	3/4%	7/10%	23/32%
Consumer Behavior	2/3%	12/17%	23/32%	4/6%	1/1%	7/10%	23/32%
Community Awareness	2/3%	15/21%	13/18%	11/15%	1/1%	7/10%	23/32%
Recreational	1/1%	23/32%	13/18%	5/7%	1/1%	7/10%	23/32%
Family Life	8/11%	21/30%	10/14%	3/4%	•	7/10%	23/32%
College Preparation	1/1%	10/14%	15/21%	8/11%	5/7%	7/10%	25/35%
Self-Respect and Acceptance	31/44%	18/25%	•	•	•	6/8%	17/24%

12. Do you sponsor activities for the handicapped?

Yes No./ %	No No./ %	Written Remark No./ %	No Response No./ %
17/24%	52/73%	2/3%	1/1%

13. Would you be willing to help sponsor social activities for the handicapped?

Yes No./ %	No No./ %	Maybe No./ %	Written Remark No./ %	No Response No./ %
26/37%	33/46%	1/1%	6/8%	6/8%

Table 4 (Cont.)

Tabulation of Responses to the Community Survey Services and Resources for Adult Handicapped

14. Which of the following would you be able to provide for adult handicapped recreational/social activities?

Man Hours No./ %	Money No./%	Material No./ %	Space No./%	Access to an Activity No./ %	Other No./%	Unable to Provide Anything No./%	Written Remark No./ %	No Response No./ %
16/23%	6/8%	2/3%	14/20%	13/18%	5/7%	28/39%	3/4%	5/7%

SUMMARY OF COMMUNITY SURVEY:

The results of the community survey indicate that there are many resources available for training and recreational programs for handicapped adults, particularly personnel and space. There is also tremendous potential for placing the physically handicapped in the community job market. The survey indicates, however, that another setting must be found for the mentally handicapped.

The fact that a community group is likely not to know about the availability of handicapped employees is indicative of two points. One is that the Schelby Center, Dos Palos Y, and Mental Health facilities are not well publicized. The other is that there are not enough training facilities to administer to the vocational needs of handicapped adults.

Finally, the community survey supported the findings of the post-school follow-up whereby vocational training emerged as a significant need of handicapped adults in Merced County. The community survey also stressed the need for interpersonal skills training, which underscores the theory that the handicapped lose employment opportunities not because of lack of job skills but because of lack of interpersonal skills.

OUT-OF-COUNTY SURVEY

SAMPLE CHARACTERISTICS:

Table 5 on the following pages shows the responses from this particular effort. Although all information was helpful, this study was particularly interested in the type of programs offered by the agencies surveyed, its means of financial support, and its social and recreational components. This last element was considered important because interviewees, community members, and parents stressed the social and recreational aspects of any adult program to be considered for Merced County.

RESPONSES:

As Table 5 indicates, the majority of facilities is the sheltered-workshop variety or the special-services type associated with institutions of higher education. Only seven out of forty-one facilities considered contracts an important source of revenue, and of these none listed contracts as the sole means of financial support. Almost all the facilities are supported with state and federal funds, and most have social and recreational components of some sort.

At the bottom of the questionnaire there was space provided for comments regarding the initiation of any program in Merced County. Responses varied but

Table 5: Survey of Programs for Handicapped Adults

Respondent	Type of Facility	Financial Support	Social/Recreational Components
Santa Monica College	Junior College	State and Local Governments	Campus Club and Adaptive P.E.
Willing Workshop	Activities Center	State, County	None
Gateway Foundation	Recovery home for female alcoholics.	Patient Fees and Donations	
Diversified Industries, Division of OPARD	Rehabilitation Workshop	Regional Centers, R.O.P.	Monthly social events
U.C.A.R. Industrial Workshop	Industrial Workshop	Block funding—Dept. Rehabilitation	Social rehabilitation class - Recreation in the community.
Work Opportunity Center - Fresno County	Transitional Workshop for MI and MR	Contract income - Short Doyle monies - D.R. Grant Fees for Service	Use of other Rehabilitation services.
Victor Valley College	College	Handicapped funds. State-over 21 VEA	
Modesto Junior College	Community College	State excess & VEA	Able Disabled Association and other college social/recreational outlets.
Enabling Center-Sacramento City College	Enabling Center PH	90% Dept. of Education 10% Vocational Ed. Admin	

Table 5: Survey of Programs for Handicapped Adults (Cont.)

Respondant	Type of Facility	Financial Support	Social/Recreational Components
Santa Rosa Junior College	Service oriented program within tutorial center	Ed. Code (18102 & 18151) & 10% VEA funds	Social awareness activities.
Chabot College	Community College	VEA 10%, ADA for under 21 & $400 for over 21	Resource Center, films, activities, sports.
Hartnell College	College		
City College of San Francisco Enabler Program	College	State and Federal Dept. of Rehabilitation	
DeAnza College	College		Swimming, coordinated recreational activities and events
East Los Angeles College	Community College	P.H. over and under 21 - VEA - HEA	Social Club for Disabled Recreation & Swimming
Los Angeles Harbor College	Junior College	State ADA - VEA - BH	Those available to all students.
Goodwill Industries of the Redwood Empire	Transitional Workshop	Revenue from the sale of donated material and sponsored client fees.	None at this time.
Paul Bunyan Activity Center	Activity Center	Northcoast Regional Center, Donations and sale of items and contract work.	Bowling, Swimming, Sp. Olympics
Kaiser Foundation Rehabilitation Center	Medical	Kaiser Health Plan, CCS, Medicare, Medi-Cal, Private	Planned Activities available

Table 5: Survey of Programs for Handicapped Adults (Cont.)

Respondant	Type of Facility	Financial Support	Social/Recreational Components
Feather River Opportunity Center	Sheltered Workshop	Tuition/Contracts	Special Olympics, Bowling and Parties
Glenn County Sheltered Workshop	Work-Activity Workshop	Tuition & Adult Education	Bowling, Swimming, Scouting & Evening Programs
Placer Rehabilitation Industries	Sheltered Workshop	Community College Dept. of Rehabilitation	Group Counseling and Recreation
Rancho Los Amigos Hospital	Hospital	State, Federal, Contract Work	
Glendale Assn. for the Retarded	Work Activity Center	Regional Center and Work Contracts	Bowling Program
Vocational Independence Program	Residential	Dept. of Rehabilitation Foundation for the Junior Blind	Organized programs, Community Resources
Kings Rehabilitation Workshop	Sheltered Workshop	Community support thru donations, etc., & income from repair shop, etc.	Dances and other types of recreation are held weekly; daily-baseball horseshoes, etc. Special Olympics
Job Opportunities and Benefits, Inc.	Rehabilitation Workshop	Federal grants, State Dept. of Rehabilitation, ICDDS and contracts.	
Vocational Rehabilitation Services	Vocational Services Center	County and State, Workshop Revenue	None. Referral to Other Agencies.

Table 5: Survey of Programs for Handicapped Adults (Cont.)

Respondant	Type of Facility	Financial Support	Social/Recreational Components
Yolo County Sheltered Workshop, Inc.	Sheltered Workshop	Fees for Service	Bowling, Birthday Parties - Monthly Dances and Suppers
Society for Crippled Children & Adults of Stanislaus County	Voluntary Health Care	Sale of Services & Contributions	Resident Summer Camp
Fresno Assn. for Mentally Retarded	Work Activities Center	Central Valley Regional Center, Adult Education	Bowling, Special Olympics, Outdoor Education
Heartland Opportunity Center	Work Activity Center	State Funds- Private Donations	Daily Recreational Activities
San Francisco Community Rehabilitation Workshop, Inc.	Vocational Services on Transitional Basis	Rehabilitation Fees - Sub-contract earnings	None
Lighthouse-Pacific Medical Center	Medical	Patient Fees and Grant from San Francisco Lighthouse for the Blind	Counseling Services available from Dept. of Psychiatry.
Creative Growth	Workshop	Grant from the National Endowment for the Arts, And Federal Office of Rehabilitation HEW	
Orientation Center for the Blind	Residential	State and Federal	Organized activities
REACH for Learning	Learning Clinic	Fees for Service, Private Foundations	None
Jack Douglas Youth Foundation	Pre-Vocational Center	Short-Doyle, Regional Center	Field Trips

Table 5: Survey of Programs for Handicapped Adults (Cont.)

Respondant	Type of Facility	Financial Support	Social/Recreational Components
Savawork Enterprises	Workshop and Work Activity	Adult Education, Revenue Sharing and Fees	very limited social
Handicapped Activities Unlimited	Activity Center - Social Activities	United Fund, Regional Center	Potluck dinners, craft programs, bowling, art exhitition, swimmin
Skills Center	Work Activity Center	Regional Center - Vocational Rehabilitation Revenue Sharing	Rec. Transport

fell generally within three categories: 1) the need for expert personnel; 2) the need for funding; 3) and the need to involve the handicapped in programs.

SUMMARY OF OUT-OF-COUNTY SURVEY:

Although no program exactly fit the demands or the constraints of Merced County, all responses were helpful in adjusting the ideas concerning a program plan for this particular area. None of the respondents reported linking vocational skills training to a workshop setting, and only three facilities relied exclusively on contracts to generate income for self-perpetuation. Those respondents which included individuals with all handicapping conditions were of the counseling-referral variety.

NEEDS ASSESSMENT: DELPHI TECHNIQUE

SAMPLE CHARACTERISTICS:

The Delphi Technique has been thoroughly described in Section II, Procedures. Suffice it to say that over fifty parents, educators, and community members conducted this needs assessment in a series of meetings, each of which was open to the public and advertised through the local media. The compilation and ranking of the needs identified through the Delphi Technique is to be found on the following pages in Table 6.

RESPONSES:

The score column represents the total rank score for each of the needs presented. According to this process, the higher the score the more pressing the need. As Table 6 indicates, vocational skills again were seen as the most pressing need for Special Education programs and pupils within the county. The next highest priority appears to be teaching more in the area of daily-living skills, followed closely by diagnostic evaluation of the strengths and weaknesses of exceptional children and serving adults past the age of twenty-one. As Table 6 shows, various other areas were ranked in importance that are worth noting.

SUMMARY OF DELPHI NEEDS ASSESSMENT:

The results of this needs assessment process supports the findings in both

Table 6

NEEDS ASSESSMENT: PRIORITIZED NEEDS FOR SPECIAL EDUCATION PROGRAMS/PUPILS

NEED: THERE IS A NEED FOR-	SCORE
1. EXPANDED VOCATIONAL EDUCATION & ON THE JOB TRAINING FOR EMPLOYABLE SKILLS	33
2. TEACHING MORE IN THE AREA OF DAILY LIVING SKILLS(CONSUMER,DRIVING,TELEPHONE,ETC.)	28
3. DIAGNOSTIC EVALUATION OF THE STRENGTHS & WEAKNESSES OF EXCEPTIONAL CHILDREN	24
4. SERVING ADULTS PAST THE AGE OF TWENTY-ONE	21
5. IMPROVING PRESENT FACILITIES FOR EXCEPTIONAL CHILDREN AND YOUNG ADULTS	21
6. PROVIDING MORE EMPHASIS ON BASIC ACADEMIC SKILLS	21
7. MORE SUPPORT SERVICES FOR EXCEPTIONAL INDIVIDUALS	20
8. PROVIDING EDUCATION FOR PARENTS OF EXCEPTIONAL CHILDREN	20
9. PROVIDING GREATER PARENTAL PARTICIPATION IN SPECIAL EDUCATION PROGRAMS	19
10. UPGRADING THE SKILLS TO TEACH EXCEPTIONAL CHILDREN	18
11. INCREASED PUBLIC/STAFF INTEREST/UNDERSTANDING OF THE NEEDS OF EXCEPTIONAL INDIVIDUALS	18
12. INTEGRATING SPECIAL EDUCATION STUDENTS WITH REGULAR CLASSROOM STUDENTS	15
13. IMPROVING THE SELF-IMAGE OF EXCEPTIONAL INDIVIDUALS	15
14. MORE ADEQUATE FUNDING OF SPECIAL EDUCATION PROGRAMS	15
15. DEVELOPING EACH INDIVIDUAL TO HIS/HER MAXIMUM SOCIAL, EMOTIONAL, & MENTAL FUNCTIONING	15

16.	GREATER UTILIZATION OF COMMUNITY SERVICES	15
17.	MAKING WIDER AND BETTER USAGE OF PARA-PROFESSIONALS IN THE CLASSROOMS	13
18.	INCREASING LEGISLATION THAT BENEFITS PROGRAMS FOR EXCEPTIONAL INDIVIDUALS	12
19.	MORE ADEQUATE COMMUNICATIONS BETWEEN HOME/PUBLIC AND SCHOOL	12
20.	MAKING SCHOOL SERVICES(E.G., HEALTH & MEALS) AVAILABLE TO ALL STUDENTS, REGARDLESS OF PARENT'S INCOME	11
21.	FOR TEACHING LEISURE TIME ACTIVITIES	9
22.	MORE TEACHER ACCESS TO, AND USE OF, RESOURCE MATERIALS	9
23.	MORE ADMINISTRATIVE SUPPORT OF SPECIAL EDUCATION PROGRAMS	9
24.	MORE TRAINING IN MOTOR SKILL DEVELOPMENT	9
25.	TEACHING FAMILY LIVING TO INDIVIDUALS WITH EXCEPTIONAL NEEDS	8
26.	PROVIDING MORE TEACHING IN SELF-HELP SKILLS (PERSONAL HYGIENE,SAFETY,EATING,ETC.)	8
27.	IMPROVING THE TRANSPORTATION SERVICES(SHORTEN BUS RIDE)	7
28.	EVALUATING THE STAFF AND SPECIAL EDUCATION PROGRAMS	6
29.	IMPROVING COMMUNICATION WITHIN THE SCHOOL (PUPIL-TEACHER-ADMINISTRATOR)	6
30.	FOR QUESTIONING TRADITIONAL ASSUMPTIONS REGARDING THE POTENTIAL OF EXCEPTIONAL INDIVIDUALS	6
31.	FOR REDUCING STUDENT-TEACHER RATIOS	3
32.	PROVIDING COUNSELING FOR PARENTS OF EXCEPTIONAL CHILDREN	3

33.	PARENTS TO KNOW MORE ABOUT THE SCHOOL'S EDUCATIONAL PROGRAM FOR THEIR CHILDREN	3
34.	BETTER ARTICULATION BETWEEN SCHOOL DISTRICTS	3
35.	IMPLEMENTING A MORE SYSTEMATIC CURRICULUM	3
36.	MAKING TEACHERS MORE AWARE OF CULTURAL & INDIVIDUAL DIFFERENCES OF EXCEPTIONAL CHILDREN AS THEY AFFECT LEARNING	3
37.	PROVIDING A VARIETY OF EXPERIENCES FOR EXCEPTIONAL CHILDREN	3
38.	FOR SERVING CHILDREN AT THE PRE-SCHOOL AGE LEVEL	3
39.	FOR MORE UTILIZATION OF BILINGUAL TEACHERS	2

the post-school follow-up and the community survey. Vocational training for employable skills continues to be identified as the highest priority. Serving adults past the age of twenty-one was a specific need and ranked fourth in priority. (It should be remembered that this needs assessment was conducted with those who had interests in handicapped individuals at all age levels).

NURSES' SURVEY

SAMPLE CHARACTERISTICS:

Sixteen school and Public Health nurses were asked to rank the needs of handicapped adults. Table 7 shows the results of that survey.

RESPONSES:

As the results in Table 7 clearly show, the most frequent needs mentioned concerned job training and employment. Entertainment, social contacts and resource counseling were other areas of high priority. Once again these results support the findings of other studies that jobs and recreation should be the most important parts of an adult handicapped program.

Table 7

MENTALLY HANDICAPPED

Needs	Frequency
Job Training	6
Employment	5
Entertainment	4
Social Contacts	4
Resource Counseling	4
Health Care	3
Education	3
Aid for Daily Living	3
Transportation	3
Social Activities	3
Supervision	1
Places to go Everyday	1
Leadership	1
Good Self-Concept	1
Family Planning (Birth Control ect.)	1
House Keeping Services	1
Ability to Live Alone or with Others	1
Help with Financial Aids	1
Supervision of Spending Money	1

PHYSICALLY HANDICAPPED

Needs	Frequency
Transportation	8
Job Training	6
Entertainment	6
Employment	5
Medical Care	4
Aid for Daily Living	3
Education	3
Physical Care - Basic	2
Socialization	2
Guidance	2
House Keeping Services	2
Self Help Programs	2
Facilities in Public Places	1
Rehabilitation Center (Training)	1
Living Arrangements	1

SCHELBY CENTER TEACHER'S SURVEY

SAMPLE CHARACTERISTICS:

The same survey was administered to Schelby Center Special Education teachers as was administered to school and Public Health nurses. The six teachers were asked to rank the problem areas of adult handicapped in order of importance. Many of these teachers have been instructing at Schelby Center since the facility opened and have extensive background in adult handicapped needs.

SUMMARY OF RESPONSES:

The worlds of work and recreation were the key problem areas as the Schelby Center teachers saw them. "Self-reliance" was the most frequently cited problem area, followed closely by "employment" and "parents unable to provide care". Items four through seven identified jobs and recreation as being areas of great need, compounded by "acceptance of others" which is a key to success in either area.

PROBLEM AREAS FOR ADULT HANDICAPPED AS PERCEIVED BY SCHELBY CENTER SPECIAL EDUCATION TEACHERS:

PROBLEM AREA:	FREQUENCY OF RESPONSE
1. Self-Reliance	6
2. Employment	4
3. Parents Unable to Provide Care	4
4. Job Training/Vocational Education	3
5. Recreation	3
6. Housing/Living Conditions	3
7. Acceptance by Others	3
8. Supervision	2
9. Transportation	2
10. Social Life	1
11. Use of Free Time	1
12. Half-Way House	1
13. Access to Buildings	1
14. Guidance	1
15. Cost of Recreation	1
16. Sexual Needs	1

FACILITIES TOUR

SAMPLE CHARACTERISTICS:

In February approximately forty-five parents, educators, Board members, and interested community members participated in the two day tour with Mr. Robert McGowan, Bureau of School Facilities Planning, State Department of Education, of the Merced County Department of Education Special Education facilities. A copy of the complete report is contained in Appendix D of this study.

RESPONSES:

. DEAF PROGRAM

The deaf program is currently conducted at three sites where there has been an effort to provide a regular school setting. The facilities are inadequate in relation to the program being conducted, and there is little provision in the facilities to meet the specialized needs of children identified as hearing impaired.

. SEVERELY EMOTIONALLY DISTURBED

This program is being conducted in a non-conforming building inadequate for the program conducted. The Mental Health Department's functions are incom-

patible with instructional functions, yet they are both housed together.

. APHASIC PROGRAM

Aphasic classes are conducted at two different sites whose facilities are inadequate.

. TMR PROGRAM

This program is conducted at the Floyd Schelby Center for Special Education for eighty-eight children, ages three to twenty-one years of age. The TMR program is currently housed in buildings which conform to Field Act Construction Standards, but no specialized equipment is in evidence, nor can any be provided because of the limitations of this facility.

. EMR PROGRAM

The Merced County Department of Education's EMR program is conducted at a site in Atwater where the classroom is inadequate in not providing specialized facilities to meet the identifying needs of these children.

. DEVELOPMENTAL AND MULTIPLY HANDICAPPED PROGRAMS

Both programs are located at Schelby Center where the facilities are totally

inadequate for the physical and instructional needs of the children.

SUMMARY OF FACILITIES TOUR:

There is little evidence that the programs offered have been master planned for the best utilization of the sites visited or for possible sites. Careful consideration needs to be given to master planning in relation to future program needs, which will have considerable impact on adult handicapped programs in the county.

IV. IMPLICATIONS OF THE STUDY

One of the legitimate concerns regarding research is the extent to which data and conclusions resulting from such studies are significant and then used to improve the program. Another concern is the extent to which others are aware that studies have been conducted. Both of these issues have been effectively addressed by this research study.

Through a contract negotiated by the Educational Improvement for the Handicapped Unit of the State Department of Education with the San Mateo Educational Resources Center (SMERC), the Merced County Department of Education will make the professional and lay community aware of this study. SMERC will be supplied with an abstract and two field reviews of this study and limited copies of the completed document. This information SMERC will disseminate to their subscribers, a majority of which are the county schools offices. The Educational Improvement for the Handicapped Unit will disseminate the same information to interested agencies not covered by the SMERC system (e.g. major districts, parent groups, the State College and university system). In this way the professional and lay community have access to the data and recommendations of this study in their efforts to improve Special Education programming or as a basis for further study and investigation.

Likewise, all the appropriate agencies and groups within the county will receive a copy of the document. This will serve as common information for working out programmatic strategies in the coming year.

The other issue - that of the significance of this research effort in terms of local program - is really at the heart of this study. It has been viewed from the beginning, and continues to be regarded, as the cornerstone for future activity in developing adult handicapped programs. The real significance of the study is not the data collected or the broad dissemination of such, but what tangible results such research brings. The following is a plan of action for realizing adult handicapped programs in Merced County based on the findings of the past year's work.

As the results of each of the assessments analyzed in Part III indicate, certain consistent priorities emerged with every group queried. In every instance, employment and vocational concerns received highest priority, followed closely by concerns for the recreational opportunities of handicapped adults in the county.

As the Community Survey indicates, too, there are job possibilities, especially for the physically handicapped, which are going unfilled. Moreover, almost every community agency or group interviewed stated that it would hire the handicapped, but either was not presently doing so or was doing so only on a limited basis. Additionally, a very large percentage of respondents answered that they could provide resources for training the handicapped - particularly space and personnel - and for developing their recreational opportunities.

These findings have tremendous implications for the handicapped in Merced County. As the introduction stated, the only facilities offering anything related to vocational training in the area are the two sheltered workshops in

Dos Palos and Merced which serve twenty-two and fifteen mentally handicapped adults respectively. As the research findings show, a vocational training facility is not only wanted by parents and community members, but is needed in larger supply than is currently being offered. The physically handicapped also need vocational preparation, since the likelihood of their being employed in the community after training is two and one-half times greater than that of the mentally handicapped, a system of vocational training after which the physically handicapped are integrated into the community's world of work while the mentally handicapped remain to staff their own business seems like one possible approach.

After studying the responses to all the surveys completed this year, in conjunction with both this particular research project and with all other efforts related to Special Education, the Merced County Department of Education proposes two goals for adult handicapped in the county. One is to develop major changes in the skill functioning and life functioning of the handicapped adult. The other is to develop sophisticated training procedures in order to realize this goal.

As the research findings indicate, the handicapped, and particularly the retarded constitute one of the largest segments of the non-employed population in an area, with a great deal of energy and money spent on their maintenance. The Merced County Department of Education also recognizes that in our society what an individual does vocationally and how much he earns determines his value and the level of respect he holds with other members of the community.

As the situation now exists, most of the work tasks available to the handicapped, even in Merced County, are of a highly simplified nature and do not require sophisticated training techniques. In light of the general population's attitude toward people and "success", the Merced County Department of Education believes that the handicapped, particularly the retarded, must have a chance for more than the most menial kind of low-level work in order that they can realize their inherent right for full participation in society.

Thus the Merced County Department of Education proposes a change in the status quo, a change for which it has steadily been laying the groundwork since 1970 when it first developed hydroponic units at Schelby Center via a grant through the Elementary and Secondary Education Act (ESEA), Title III, to teach severely retarded youngsters to grow tomatoes in a system of soilless culture. The Merced County Department of Education proposes to broaden the concept of vocational training and build on the accomplishments of the last few years - both its own and those of other cooperating agencies and groups - to effect real vocational alternatives for the handicapped.

First, with respect to the mentally handicapped, it is necessary to disregard popular ideas about intelligence which have resulted in inappropriately low levels of expectation. The notion that mentally handicapped individuals are lacking in intelligence which makes them incapable of being vocationally trained for other than the most low-level kinds of work has resulted in a certain expectancy cycle and conditioning process which maintain the existing status quo whereby the larger population absolves itself of any real responsibility for helping people

get good jobs. The status quo gives the impression that a great deal of energy is being spent on solving the problem, but in reality the system is not solving the problem at all.

Instead of the popular belief as it now exists, we must begin to realize that "most activities people do require training, not intelligence". Recent research has shown that it cannot be predicted from IQ how people are learning a task if the task is nonverbal and manipulative. Studies concerning discrimination learning suggest that once a retarded child attends to the relevant dimension of a problem, he learns very rapidly and essentially at the same rate as his normal peers.[1]

Furthermore, we must begin to realize the behavior and performance of the retarded is more a function of the context in which they exist than of their innate abilities. Virtually all studies indicate that when retarded people fail on a job, it is not because they cannot perform the task but because of the social interactions involved. Thus with more appropriate ideas concerning intelligence, it is much easier to help the handicapped realize a dignified existence.

With this theoretical orientation firmly established, the Merced County Department of Education proposes a terminal, extended-care sheltered workshop (or series of workshops as the demand grows) whereby the adult handicapped in the county can function in a non-competetive working situation earning from $2.50 to $3.00 an hour. Here the physically handicapped could also be trained to assume existing jobs in the community if they wished.

[1] This orientation toward intelligence and training and the research discussed can be found *in toto* in the works of Dr. Marc Gold and Associates, the University of Illinois.

The term "workshop" is used here for simplicity's sake and for lack of a better term. In essence, however, the proposal is really nothing like a sheltered workshop at all. Not only would the wages of clients be commensurate with the general population, but clients would also be entitled to those things a normal factory worker has, such as medical coverage, health insurance, etc.

This sort of vocational training - work situation would be realized through profitable contracts. These are the key to success and would be selected on the basis of their habititative value. The contracts would be heave on hand labor or bench assembly labor and would include a variety of different operations. This last characteristic would provide for a variety work stations which would facilitate job enlargement (i.e. a varied amount of work and a high degree of autonomy).

Such a vocational training - work arrangement would also seek out contracts requiring skills taught rather than skills already possessed. Therefore, instructional technology would become an essential part of this facility, rather than reliance on the creativity and enthusiasm of the staff in the absence of a technology of systematic training. Gold and Associates have shown, for example, how even nonprofessionals, after two hours of instruction and one week of practice, will have the expertise to train severely handicapped persons in skills sufficient to earn a minimum wage. This sort of success portends well for the Merced County plan.

Reliance on contracts and the processes just described would necessarily imply sufficient lead time to set up production and training. In no way, however, would the operation ever stress production over client considerations, although the emphasis on profitability - for both the clients and the maintenance of the operation - is one of the most important features of this plan. Obviously the success of the contract workshop would be contingent on optimum service to the customer, material handling, and production efficiency, but labor rate would never be a determining factor.

Another feature of this plan is that the present separation between evaluation and training would be eliminated. Instead, the two would be integrated so that successful training depended on continuous and valid evaluation. Instead of concern for the effects of *in situ* variables, evaluation would concentrate on how the individual acquires skills and how the training process should then best be conducted. Such an approach to evaluation and training implies clearly defined criteria for success. This would result in objective evaluation instead of the subjective evaluation of client performance, which is often the only measure by which a client is judged.

Finally, the center(s) would involve business and labor, as well as other agencies, to affect the entire context of the handicapped adult's life. As previous sections of this report have shown, the process is well underway with local public agencies. Next it will be necessary to draw in business and labor for real effectiveness of any production plan. It is only when these are accomplished that community attitudes and expectancies will be changed.

SUMMARY:

The twin goals of Project 75-10 were: 1) to assess the post-school adjustment and needs of handicapped adults who had been in any Special Education program in Merced County (excluding Speech Therapy) since 1955 when such programs began and 2) to develop a suitable program to meet those needs in a rural county.

The primary need emerging from this study is for vocational training for the handicapped leading to employment. In Merced County, there are two workshops available, but these are filled to capacity. After careful analysis of this research, the Merced County Department of Education proposes a plan for vocational training and employment of adult handicapped individuals unlike what is currently found throughout the state and modeled on efforts being made by the University of Illinois.

Most programs for adult handicapped emphasize counseling and referral. The very nature of such programs makes public financing necessary, and it is found that the state and local government support programs for handicapped adults to an unprecedented degree.

The conclusion of this study is that additional work centers for handicapped adults are needed in Merced County. From this will follow recreational and other components as needed.

The essence of the Merced County Department of Education plan is economic viability resulting from far-sighted social action strategies and pedagogical skills. The plan builds on prevocational experiences which already exist in the Special Education curriculum, but may require establishing a more systematic progression of such experiences. The plan itself calls for establishing a vocational training-production center emphasizing responsiveness to clients and profitability of contracts. Sites and facilities for such an operation are presently being investigated.

The actual plan consists of profitable work contracts for such centers where a technology of vocational training based on task analysis would be utilized. The implementation of this plan is in fact already underway as agencies and groups are beginning to coordinate their efforts and contracts are being evaluated. The most recent meeting occurred Tuesday, June 1, and was called by parents to further participate in developing this plan for their children. The findings of the facilities assessment will probably have much bearing on where such a center or centers will be located. The emphasis on lucrative contracts will make such centers self-sustaining and profitable for the workers. Profitability, combined with all the benefits non-handicapped workers normally receive, will allow the handicapped economic viability, independence, and increased dignity - all of which is generally espoused but seldom if ever realized.

APPENDIX A

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POST-SCHOOL FOLLOW-UP SURVEY

This follow-up questionnaire was designed to obtain both factual and attitudinal information based on the expressed needs of adults who have attended special education programs in Merced County. The purpose of conducting such a survey is to gather data that will assist the schools and community in providing further training, programs, or services to more adequately meet the needs of adults.

The questionnaire is meant to help determine how adults with special needs have adjusted to life after finishing school. It should be understood that attitudes or opinions can be temporary and only estimates that may fluctuate rather easily. Please help by carefully and sincerely answering the following questions. Remember, this information will help determine ways of improving present and future educational or training programs and possibly provide services and programs to adults that currently do not exist.

There are no right or wrong answers to the questions. The information is confidential (your name will not be associated with your answers) and will be pooled with that gathered from many adults.

IDENTIFYING INFORMATION:

Name of Interviewee _____ Relationship _____

Name of IWEN _____ B/D _____

Address _____ Phone # _____

_____ Zip _____

Ethnic Status _____ Sex _____

Last School Attended _____

Program _____

Last Year Attended _____

INTERVIEWER _____ Date _____

I. EMPLOYMENT:

1. Employment Status:

_____ 1) Employed; working full time
_____ 2) Employed; working part time
_____ 3) Unemployed; able to work & want a job
_____ 4) Unemployed; able to work & don't want a job
_____ 5) Unemployed; unable to work, in a training program
_____ 6) Unemployed; restricted by a handicap
_____ 7) Other _____

2. Occupation: _____

_____ 1) Unskilled
_____ 2) Semi-skilled
_____ 3) Skilled
_____ 4) Managerial
_____ 5) Sales
_____ 6) Professional
_____ 7) Managerial
_____ 8) Other _____
_____ 9) None

3. Employee: _____

_____ 1) Private:
_____ 2) Public:
_____ 3) Family:
_____ 4) Self:
_____ 5) Other, _____

4. Income: (based on employment) _____

_____ 1) below $2000
_____ 2) 2,000 - 3,999
_____ 3) 4,000 - 5,999
_____ 4) 6,000 - 6,999
_____ 5) 8,000 - 9,999
_____ 6) 10,000 - 11,999
_____ 7) 12,000 - 13,999
_____ 8) 14,000 - 15,999
_____ 9) 16,000 +

5. Uniqueness of Job: _____

_____ 1) Job related to handicap
_____ 2) Job not related to handicap
_____ 3) No Job

6. Ever employed since leaving school: _____

_____ 1) Yes
_____ 2) No

7. Was help needed in obtaining present job? _____

_____ 1) Yes.....if yes, by whom _____
_____ 2) No

8. Number of paying jobs held since leaving school: _____

_____ 1) None
_____ 2) 1-2
_____ 3) 3-4
_____ 4) 5-6
_____ 5) 7-8
_____ 6) More than 8

9. Length of time unemployed since leaving school: _____

_____ 1) Never
_____ 2) Less than 1 year
_____ 3) 1-2 years
_____ 4) 3-4 years
_____ 5) 5-6 years
_____ 6) 7-8 years
_____ 7) More than 8 years

II. FAMILY LIFE

10. Marital Status:

_____ 1) Single
_____ 2) Married
_____ 3) Separated
_____ 4) Divorced
_____ 5) Widowed
_____ 6) Other _____

11. Number of children (of IWEN)

_____ 1) None
_____ 2) One
_____ 3) Two
_____ 4) Three
_____ 5) More than three

12. IWEN living with:

_____ 1) Self
_____ 2) Parent(s)
_____ 3) Spouse
_____ 4) Relative(s)
_____ 5) Friend(s)
_____ 6) Foster Parents
_____ 7) Agency _____
_____ 8) Other _____

13. Individual having primary care and responsibility for IWEN:

_____ 1) Self
_____ 2) Parent(s)
_____ 3) Spouse
_____ 4) Relative(s)
_____ 5) Friend(s)
_____ 6) Foster Parents
_____ 7) Agency _____
_____ 8) Other _____

28. How often do you attend group social activities:

_____ 1) Never
_____ 2) Once/Month
_____ 3) Twice/Month
_____ 4) Three times/Month
_____ 5) Four or more times/Month

29. If you had more opportunities to socialize or go out what would you like to do:

1) _____

2) _____

30. What keeps you from socializing more:

1) _____

2) _____

	YES	NO
31. Do you feel that your social life is restricted	___	___

If yes, how: 1) _____
2) _____

32. Do you associate with three or more people in your age range	___	___
33. Do you wish you knew more people in your age range	___	___
34. Do you wish you had more social activities to participate in	___	___
35. Do you get along well with other people . . .	___	___
36. Do you feel comfortable around other people .	___	___
37. Do you like meeting new people	___	___
38. Do you enjoy being around people of the opposite sex	___	___
39. Would you like to join a(another) social group	___	___
40. Do you feel confined to home	___	___

IV. FINANCES

41. What is your(his/her) primary source of income:

_____ 1) Self Supporting
_____ 2) Spouse
_____ 3) Parent(s)
_____ 4) Guardian
_____ 5) Unemployment Insurance
_____ 6) State Aide _____
_____ 7) Federal Aide _____
_____ 8) No Support
_____ 9) Other _____

42. What is your(his/her) secondary source of income:

_____ 1) Self Supporting
_____ 2) Spouse
_____ 3) Parent(s)
_____ 4) Guardian
_____ 5) Unemployment Insurance
_____ 6) State Aide _____
_____ 7) Federal Aide _____
_____ 8) None
_____ 9) Other _____

43. What is your total average monthly income:

_____ 1) Less than $100
_____ 2) $100-$300
_____ 3) $300-$500
_____ 4) $500-$700
_____ 5) $700-$900
_____ 6) $900-$1100
_____ 7) $1100-$1300
_____ 8) $1300-$1500
_____ 9) Over $1500

44. Who handles the finances in your family:

_____ 1) Self
_____ 2) Spouse
_____ 3) Parent(s)
_____ 4) Guardian
_____ 5) Other _____

	YES	NO
45. Can you write a check	___	___
46. Can you balance a checkbook	___	___
47. Is money(income) a major problem	___	___
48. Can you shop independently of others	___	___
49. Do you feel you(she/he) could benefit from financial counseling	___	___
50. Do you feel you(he/she) could benefit from further training in writing checks, using money, budgeting, or balancing a checkbook	___	___

V. EDUCATION/TRAINING:

51. Highest level of education reached:

_____ 1) Less than 6 years
_____ 2) Less than 8 years
_____ 3) Less than 12 years
_____ 4) High School equivalency
_____ 5) Associate Arts
_____ 6) B.A.
_____ 7) M.A.
_____ 8) Doctorate
_____ 9) Other, _____

52. Rate the following types of training as to degree of importance for IWEN:

Type of Training:	Rating by Degree of Importance:
_____ 1) Academic	A - Most Important
_____ 2) Vocational	B - Important
_____ 3) Self-Care (Physical)	C - Neutral
_____ 4) Independence	D - Not Very Important
_____ 5) Personal Adjustment	E - Least Important
_____ 6) Health & Hygiene	
_____ 7) Physical Fitness	
_____ 8) Interpersonal Relations	
_____ 9) Finances	
_____10) Mobility (Physical)	
_____11) Communication Skills	
_____12) Homemaking	
_____13) Social Behavior	
_____14) Transportation (Driving Auto)	
_____15) Consumer Behavior	
_____16) Community Awareness	
_____17) Recreational	
_____18) Family Life	
_____19) College Preparation	
_____20) Self-Respect & Acceptance	

53. Does IWEN desire further training:

_____ 1) Yes
_____ 2) No

54. Do parents/guardian/IWEN know of an adult program in Merced County to prepare IWEN in area(s) of priority?

_____ 1) Yes
_____ 2) No

55. Would parents/guardian allow IWEN (or would IWEN) participate in a training program related to the areas of priority?

_____ 1) Yes
_____ 2) No

56. Please list the two biggest obstacles to gaining further training/ education:

1) _____

2) _____

VI. RECREATION:

57. List three favorite recreational activities:

1) _____

2) _____

3) _____

58. List three typical ways you spend your spare time:

1) _____

2) _____

3) _____

	YES	NO
59. Do you enjoy your spare time	___	___
60. Do you have enough spare time	___	___
61. Would you like to have more hobbies	___	___
62. Do you need more recreational activities . . .	___	___
63. Would you like to learn about more activities	___	___
64. Are you satisfied with the way you use your spare time	___	___

VII.. TRANSPORATION

65. Do you have a driver's license	___	___
66. Do you feel you can get a driver's license . .	___	___
67. Is transportation a problem for IWEN	___	___

	YES	NO
68. Do you rely on others for transportation . . .	___	___
69. Do you need bus or other vehicle service . . .	___	___

70. What means of transportation do you have?

1) _____

71. Do you have your own car	___	___

VIII. HOUSING:

72. Are you presently:

Buying a home	___	___
Renting a home	___	___
Living with a relative	___	___
Living with your spouse	___	___
73. Is housing a problem for you	___	___
74. Do you like living where you are	___	___

75. How much rent/mortgage do you pay each month?

_____

76. Do you need assistance in finding a home to rent or purchase	___	___

MERCED COUNTY DEPARTMENT OF EDUCATION
WILLIAM H. STOCKARD, EdD, SUPERINTENDENT
632 WEST 13th STREET
MERCED, CALIFORNIA 95340
(209) 723-2031

March 16, 1976

There are presently - and have been over the years - many fine efforts in Merced County directed toward meeting the needs of handicapped people. Studies involving interviews with adult handicapped in our county indicate, however, that serious needs still exist, especially in the areas of training, employment, and social and recreational opportunities.

Many agencies, groups, and individuals have expressed concern over this situation and are beginning to work together to remedy the problem. Any remedy, however, should be formulated and advanced after the needs, attitudes, and capabilities of our various communities have been carefully studied. For this reason, I am enlisting your help.

Enclosed is a short questionnaire which will provide invaluable help in allowing the handicapped and other interested persons plan a comprehensive approach to realizing unmet needs. Every effort has been made to trim the questionnaire to ask only necessary and directly applicable questions. Time trials indicate that it can be completed in about fifteen minutes.

Please answer all the questions if possible, but feel free to digress from, comment upon, criticize, etc. either the concept itself or the questionnaire. Please return the enclosed questionnaire by March 30. If you have questions, do not hesitate to call Dr. Michael Coy, Director of Research and Development for the Merced County Department of Education (723-2031, ext. 269). Included is a stamped, self-addressed envelope for your convenience.

I feel sure that a small investment of your time in the next week or two will result in an important contribution to helping others.

Sincerely yours,

WILLIAM H. STOCKARD, Ed.D.
County Superintendent

WHS:bb

Enclosure

A 10157

Educational Service and Leadership

COMMUNITY SURVEY: Services and Resources for Adult Handicapped

The following questionnaire refers to employment and social/recreational services and resources that are or would be available to adult handicapped in Merced County. PLEASE ANSWER EACH QUESTION AS IT APPLIES TO THE GROUP OF PEOPLE OR THE BUSINESS INTEREST YOU REPRESENT. Please give us as much information as possible in the spaces provided.

1. Does your business/agency/group have jobs at this time that could be performed by the physically handicapped?

   _____ 1) Yes (Please specify _____)
   _____ 2) No
   _____ 3) Not Applicable

2. Does your business/agency/group have jobs at this time that could be performed by the mentally handicapped?

   _____ 1) Yes (Please specify _____)
   _____ 2) No
   _____ 3) Not Applicable

3. Does your business/agency/group currently employ a handicapped person?

   _____ 1) Yes, full time.
   _____ 2) Yes, three-quarters time.
   _____ 3) Yes, part time regularly.
   _____ 4) Yes, now and then on an hourly, as-needed basis.
   _____ 5) No, we do not currently employ any handicapped.
   _____ 6) Not Applicable.

4. Is your business/agency/group willing to hire the physically handicapped?

   _____ 1) Yes (How many? _____ What jobs?_____)
   _____ 2) No
   _____ 3) Not Applicable

5. Is your business/agency/group willing to hire the mentally handicapped?

   _____ 1) Yes (How many? _____ What jobs?_____)
   _____ 2) No
   _____ 3) Not Applicable

6. Is your business/agency/group willing to modify existing jobs so that the handicapped could be hired?

   _____ 1) Yes (Which ones? _____)
   _____ 2) No
   _____ 3) Not Applicable

7. Who would you contact if you wanted to hire the handicapped:

   _____ 1) Employment Development Department (EDD)
   _____ 2) EDD and other (Please specify _____)
   _____ 3) Other (Please specify _____)
   _____ 4) Don't Know

8. Do you know of any local agencies that train handicapped adults?

   _____ 1) Yes (Please specify _____)
   _____ 2) No

9. Are you already training or would you be willing to help train the handicapped?

_____ 1) Yes, we already train the handicapped through donated time.
_____ 2) Yes, we already train the handicapped for a minimal fee.
_____ 3) Yes, we are willing to train the handicapped through donated time.
_____ 4) Yes, we are willing to train the handicapped for a minimal fee.
_____ 5) No
_____ 6) Not Applicable.

10. Which of the following would you be able to provide to help train the handicapped? (Check more than one if appropriate)

_____ 1) Man Hours
_____ 2) Money
_____ 3) Material
_____ 4) Space
_____ 5) Access to activity
_____ 6) Other (Please specify _____)
_____ 7) Unable to provide anything

11. Which do you consider the most important type(s) of training for handicapped persons that should be incorporated in a training program? (Rate each area on the left using the scale on the right).

_____ 1) Academic
_____ 2) Vocational
_____ 3) Self-care (Physical)
_____ 4) Independence
_____ 5) Personal adjustment
_____ 6) Health and hygiene
_____ 7) Physical fitness
_____ 8) Interpersonal relations
_____ 9) Finances
_____ 10) Mobility (Physical)
_____ 11) Communication skills
_____ 12) Homemaking
_____ 13) Social behavior
_____ 14) Transportation (Driving auto)
_____ 15) Consumer behavior
_____ 16) Community awareness
_____ 17) Recreational
_____ 18) Family life
_____ 19) College preparation
_____ 20) Self-respect and acceptance

Rating by Degree of Importance

1 - Most Important
2 - Important
3 - Neutral
4 - Not Very Important
5 - Least Important

12. Do you sponsor activities for the handicapped?

_____ 1) Yes (Please specify _____)
_____ 2) No

13. Would you be willing to help sponsor social activities for the handicapped?

_____ 1) Yes (Please specify _____)
_____ 2) No

14. Which of the following would you be able to provide for adult handicapped recreational/social activities? (Check as many as are appropriate).

_____ 1) Man hours
_____ 2) Money
_____ 3) Material
_____ 4) Space
_____ 5) Access to an activity
_____ 6) Other (Please specify _____)
_____ 7) Unable to provide anything

15. Other Comments _____

_____

_____

MERCED COUNTY DEPARTMENT OF EDUCATION
WILLIAM H. STOCKARD, Ed.D. SUPERINTENDENT
632 WEST 13th STREET
MERCED, CALIFORNIA 95340
(209) 723-2031

March 25, 1976

There are presently - and have been over the years - many fine programs in Merced County for meeting the needs of handicapped individuals. Nevertheless, studies indicate that serious needs still exist for handicapped adults in our county, especially in the areas of training, employment, and social and recreational opportunities.

Many agencies, groups, and individuals have expressed concern over this situation and are beginning to work together to remedy the problem. Any remedy, however, should be formulated and advanced only after successful programs in other communities have been carefully studied.

In our search for ideas and programs applicable to meeting the needs of adult handicapped in our area, we are requesting your help. Specifically, we would be grateful for:

A. A description of the types of programs offered by your group.

B. A judgment concerning the success of these programs.

C. Suggestions that you deem helpful in developing programs for adult handicapped individuals.

Attached are guidelines for responding to these areas. We would be grateful if you would return these pages so we can keep track of respondents' information. Your response in the next week will be greatly appreciated and will provide valuable input into the planning process for meeting the needs of adult handicapped in Merced County.

Sincerely yours,

William Stockard

WILLIAM H. STOCKARD
County Superintendent of Schools

WHS: eg

A 13

SURVEY OF PROGRAMS FOR HANDICAPPED ADULTS

Date _____

Identification of Facility:

Name: _____

Address: _____
(Street & No.) (City) (County) (Zip)

Director: _____ Phone Number: _____

Description of Program

We think the following are important items in developing an adult handicapped delivery system. Brochures of other written information you might wish to share would be welcomed.

Type of Facility _____

Programs in Operation _____

Philosophy _____

Primary and Secondary Financial Support _____

Social/Recreational Components _____

Program Policies _____

Organizational Structure _____

Unique Features _____

Suggestions, Ideas, Cautions

Any information you are willing to share with us with respect of developing a program for adult handicapped would be appreciated.

_____

_____

_____

_____

EVALUATION OF THE PROGRAM

Program #1:
Type (eg. OH, VH, etc.) _____

OVERALL SUCCESS	STRENGTHS/WEAKNESSES	COMMENTS

Program #2:
Type _____

A 15

Program #3:
Type _____

SURVEY: ADULT HANDICAPPED NEEDS

This survey is an attempt to obtain opinions of parents, educators, and other community members as to their perception of the needs of handicapped adults in Merced County. Please rank (in order of importance) the needs of both mentally and physically handicapped adults as you see them:

Mentally Handicapped	Physically Handicapped
Ranking of needs:	Ranking of needs:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

Comments and suggestions regarding the study:

Check status:

Parent of IWEN (minor) _____

Parent of IWEN (adult) _____

Educator _____

Community Member _____

Other (Specify)

_____

SURVEY: ADULT HANDICAPPED NEEDS

This survey is an attempt to obtain opinions of parents, educators, and other community members as to their perception of the needs of handicapped adults in Merced County. Please rank (in order of importance) the needs of both mentally and physically handicapped adults as you see them:

Mentally Handicapped	Physically Handicapped
Ranking of needs:	Ranking of needs:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

Comments and suggestions regarding the study:

Check status:

Parent of IWEN (minor) _____

Parent of IWEN (adult) _____

Educator _____

Community Member _____

Other (Specify)

_____

APPENDIX B

Subjective Evaluations of Post-School

Follow-Up Survey

Dr. Alene McDonald

ADULTS WHO WERE IN TMR CLASSES

Some general patterns emerged early during the interviews with the parents of trainable retarded adults and their retarded offspring. The most striking pattern was the positive attitude of the parents. Each family interviewed had lived with a very retarded person for at least eighteen years and had long ago come to terms with their feelings.

The parents of retarded adults have faced many common problems and many of these problems are really crises in their lives.

1. The first crisis comes with the realization that they have a retarded child. Only one mother discussed this with me and she talked about her feelings because she thought it would help me to better understand the total picture.

2. The first steps in getting an education for their retarded child was a crisis time for most of the parents interviewed. This crisis is not as great for the parents of younger TMRs because of changes in opportunities.

3. These families rarely have the usual option of the mother's continuing or embarking upon a career outside the home when the child is young. This is a personal crisis in some cases and is often an added factor in the financial crisis.

4. Financial crisis is either present or impending in the lives of most of these people. The relatively new provisions for disability payment and medicare for retarded adults have helped greatly, but do not alleviate the problems. Some families never fully recover financially from the medical costs when their child was an infant. This is particularly true when the retardation is the result of cerebral palsy or brain damaging accidents or illnesses.

5. The end of the time of public schooling is a crisis for almost every parent. This crisis is particularly acute for the single parent. Several of the parents interviewed are faced with the agony of having to plan for placement of their child in residential care facilities.

6. The crisis of parental death is a great worry, particularly when one parent is already deceased. No generalizations can be made about the way people plan for this crisis.

7. The lives of parents of TMR adults are different from those of other parents. Where they work and where they live are often chosen in order to be near educational facilities for their children. Their way of life has been so geared to living with needs of the TMR that many do not even realize that their social lives are restricted. These parents cannot look forward to a time in life when they are free of the financial and emotional responsibilities of raising children. Their lives are lacking in spontaneity,

and often are so routine that they cannot tell how long ago anything happened.

We have recognized the similarity between severely retarded adults and young children through the use of mental age labels. However, we have only labeled and not truly accepted that if they are childlike all their lives, society may need to provide lifelong childlike activities and facilities for them. The following statements may or may not be supported by the hard data, but these are my impressions. (You may recognize one of my favorite biases at the top of the list.)

1. The need to communicate is programmed into our genetic make-up and the inability to communicate brings frustration. Few TMR's escape the frustrations of communication problems, yet speech therapy is inadequate in the early years and virtually unattainable from the teens on. (Merced County does not appear to be an exception to this statement. Look at the assignment of the speech therapist assigned to the Schelby Center.) Instruction in oral communication is needed on a continuing basis.

Parents of some of the retarded adults commented that even a few weeks of vacation brings a regression in the speech of their children. The speech involved in family communication is apparently not enough: these people need to be with their peers in order to maintain their communicative skills. (Is this some aspect of the interrelationship of language needs and needs for social experience?)

2. The inability to read and write is a great frustration to both parent and child. Some people question teaching these skills at all to TMR's. I question the time-table for instruction. Could it be that many of these retarded people are just reaching the maturity level needed for learning the abstractions of reading when the schools quit trying to teach them? A number of parents told me that their children learned to write their names at age 16 or 17 and learned to recognize their last names about the time they reach legal adulthood. Except for the few TMR's who learned to read well enough to read for pleasure, those who learned forgot after awhile because the skills were not reinforced. Some regular, systematic instruction in basic skills could make the adult retardates happier and more self-reliant.

3. The inability to understand and handle money is common to nearly all of the adults surveyed. Understanding money certainly involves high level abstractions and may be beyond their learning ability. However, timing may be wrong. (What do we know about optimum learning times for the mentally handicapped?)

4. The mental capacity of retarded adults is not static nor does it reach a stopping point any more than does that of a "normal" adult provided that intellectual challenges are present in their lives. Intellectual challenges within group settings appear, to the parents, to be learned more easily than those taught at home.

The adult retardate has many other needs which they share with the rest of the human race. They need to love and be loved; they need to create; they need to belong; they need to contribute and be recognized for their contributions; they need to be treated like people.

Many of the parents I interviewed had to fight school boards, city fathers, and every other legislative body in existence to gain any educational rights for their children. Their collective voices have made a difference in educational and other facilities, but they believe more is needed. It appears that we have yet to answer the question, "What responsibilities does society have to the retarded adult and his family?"

ADULTS WHO WERE IN EMR CLASSES

Adults who were in classes for the educable mentally retarded have varied problems, but there are some general trends. What I have to say is not what I expected to find out. At first I did not want to see the trends or to believe them. But I could not deny the evidence. After the first few interviews I began to routinely ask some questions not on the Survey Form. None were asked just as I have written them here, but I usually didn't ask your questions in the way you had worded them either.

1. Can you read and write?
2. How did you feel about being in the "Special Class?"
3. Did you make friends in school with students who were not in your class?
4. What kind of job would you like to have?
5. What would you like to do with your life?

The sample of adults labeled as educable mentally retarded who were interviewed provided me with a strong bias toward mainlining. Unfortunately I also had the feeling that a majority of the interviewees were victims of the numbers game of educational testing and/or unsatisfactory instructional programs.

Most of the adults who suffered from some severe disease in early childhood and those with birth defects did appear to be retarded. A few of those may

have had learning disabilities rather than general retardation, however. One young woman appeared to be retarded either from heredity or culture. She and her mother responded in remarkably similar ways to the questions. Two other women appeared to be retarded and not neurologically impaired. One lived alone and the other in a residential care facility.

My general impressions of the sample of adults who had been in EMR classes follow:

1. A number of them are totally illiterate, while most of the others are functionally illiterate. Those who read and write with any facility at all give no credit to the school for what they have learned. The exception is Merced College where several said they have learned quite a bit.

2. Most of them are very anxious to find work. Some are afraid to look for jobs because they cannot read or fill out forms. They are, however, very oriented toward a job as essential to feeling good about themselves.

3. Their knowledge of vocational choice is very limited. Most think in terms of jobs such as farm labor, kitchen helpers, or custodians. Many have had work experience in high school and seem programmed to the idea of unskilled work. Learning to view one's assets realistically is, of course,

a legitimate educational goal, but I question the teaching of such limited career choice because of supposed ability for success.

4. As they remember their school years, a few recall any actual skill teaching after they were eleven or twelve and many said they had never had any after entering special classes. Again this may be because of instructional time-tables and not basing instruction on student needs.

5. Those students who had primarily positive comments about being in "specials" were those who most nearly fit a "textbook description" of the educable mentally retarded. This may indicate that those students who are truly retarded profit from a special class, or, to be very skeptical, this may be some aspect of the self-fulfilling prophecy.

6. Only a very few of this group of handicapped adults appeared to be happy people, and several were symptomatic of being deeply depressed.

Two years ago during my doctoral studies when we were reviewing the research on mainlining, I was impressed with the lack of objectivity of most articles and the fact that the programs which were reported could not be duplicated in the thousands of classrooms in California. I read articles, attended lectures, and discussed with friends the problems of placement of students in EMR classes. I understood the arguments of the militant blacks and browns, but felt that they were exaggerating in order to make their point.

Within two weeks time, I have come to believe the militants may have been understating their case. I have no way of knowing if the sample I interviewed is representative of Merced County or any place else, but it is a large enough sample to give at least an indication.

Only a few of those adults who were black, brown, or poor were retarded, and those who were usually were victims of illness, accident, or birth defect. The adults who were white and from middle-class backgrounds were apparently retarded, again primarily from illness, accident, or birth defect. In the group of white middle-class adults, my educated observations of behavior would say that three or four were educationally handicapped rather than retarded.

I feel that what I have written is a strong indictment against the schools. It appears that the system, not individuals, is at fault. However, I believe there is a collective guilt shared by all of us who have allowed the system to flourish.

My personal bias has been against mainlining because I see no evidence that teachers will be trained to handle it. I have changed my mind - not about the training of teachers and not because I have any evidence that this approach is better or worse educationally. My change of opinion is pragmatic. I have come to believe that a young woman interviewed was correct when she said, " I wasn't learning anything in specials, so I had myself changed to a C track. I didn't learn anything there either, but at least I was like other kids.

OTHER HANDICAPS

The samples for the categories Blind or Partially Sighted, Deaf or Hard of Hearing, and Orthopedically Handicapped were too small to make any generalizations relative to each specific handicap. Even if the sample had been larger, it would not have been representative, because all have attended or are attending Merced College. There are some problems which are common enough to all of those interviewed that they should be mentioned.

1. Each of the handicaps has some degree of visibility which makes the non-handicapped population immediately aware of them. A number of handicapped people referred to the fact that people are often afraid of them or give them sympathy or pity. Few of the people they meet treat the handicapped like other people.

2. The job situation is bleak for most handicapped people. Employers tell them that insurance problems make it impossible to hire those with any physical problems. This may or may not be a true picture, but insurance is almost certainly a factor in the problem.

3. Those who are handicapped and have disability only incomes, apparently have problems getting credit. Only a few instances of this were reported to me, but I feel that the facts should be determined.

4. The people interviewed were nearly all critical of both the unemployment and rehabilitation agencies of the state. The complaints centered

upon a lack of understanding of the problems of their specific handicap, a lack of training programs, and that people were too busy to be of service to them.

5. Worry about medical expenses for their families was expressed often. They had coverage for themselves because of their disabilities, but could not afford private health plans and had too much income for medi-cal.

The problems which are common to the physically handicapped who were interviewed are not directly related to educational problems. Perhaps some branches of the educational programs are or should be involved in retraining, and there may be needs to educate these people about their rights or lack of rights.

I do not feel that I found out enough about any one handicap to draw any conclusions. The chief value of the interviews of the physically handicapped may be that they show a need for some in-depth study of their problems. Such studies may have been done. In that case, implementation may be the area needing study. Whatever the needs of the individuals, it appears that some coordination and evaluation of government services may be needed.

APPENDIX C

MERCED COUNCIL FOR MENTALLY AND PHYSICALLY HANDICAPPED REPORT ON 325 SELECTED ATD RECIPIENTS IN MERCED COUNTY

MERCED COUNCIL FOR MENTALLY AND PHYSICALLY HANDICAPPED

July 10, 1972

GEOGRAPHIC Distribution of 325 selected ATD Recipients in Merced County.

CITY	FREQUENCY	PERCENTAGE FREQUENCY
Merced	147	45.2
Planada	8	4.6
Le Grand	7	
Atwater	14	23.7
Winton	21	
Livingston	13	
Cressey	1	
Delhi	28	
Stevinson	6	4.9
Turlock (Mail)	3	
Hilmar	7	
Gustine	5	1.5
Los Banos	27	15.1
Dos Palos	17	
So. Dos Palos	5	
Other	16	4.9
Unknown c/o K. Riggs	12	
Out of state	2	
El Nido	1	
Chowchilla	1	
TOTAL	325	99.9

FREQUENCY Distribution of AGES of 325 selected ATD Recipients in Merced County.

AGE	FREQUENCY	PERCENTAGE FREQUENCY
18 - 25	60	18.4
26 - 30	37	11.4
31 - 40	51	15.7
41 - 50	56	17.2
51 - 60	91	28.0
61 & Older	27	8.3
Not Given	3	.9
TOTAL	325	99.9

MERCED COUNCIL FOR MENTALLY AND PHYSICALLY HANDICAPPED

FREQUENCY Distribution of HANDICAPS of 325 Selected ATD Recipients in Merced County.

DIAGNOSIS	FREQUENCY	PERCENTAGE FREQUENCY
Mentally Retarded (single or primary dg.)	91	28.0
Mentally Disordered (single or primary dg.)	41	12.6
Heart	18	5.5
Epilepsy	14	4.3
Arthritis	13	4.3
Back	9	2.8
Pulmonary (TB, Emphysema)	8	2.4
Deafness	6	1.8
Cerebral Palsy	5	1.5
Poliomyelitis	5	1.5
Obesity	5	1.5
Multiple Sclerosis	3	.9
Multiple Disabilities	81	24.9
Miscellaneous	20	6.1
Not Given	2	.6
TOTAL	325	99.9

Marie K. Mastache
Exec. Director
New Hope Workshop

APPENDIX D

MERCED COUNTY DEPARTMENT OF EDUCATION

SPECIAL EDUCATION FACILITIES ASSESSMENT

February 10, 1976

William H. Stockard, EdD. Superintendent
Merced County Department of Education
632 West 13th Street
Merced, CA 95340

Dear Dr. Stockard:

At the request of Mr. Jim Williamson, your Director of Special Education, I have made a tour of each site where the Merced County Office of Education conducts a special education program. The following report is based on my observations and discussions with school personnel, county office personnel, and citizens making the tour. This report presents the conditions as they currently exist and presents a summary of the facilities.

Sincerely,

Robert McGowan
Bureau of School Facilities Planning
State Department of Education

RM:spa

MERCED COUNTY DEPARTMENT OF EDUCATION
SPECIAL EDUCATION FACILITIES

DEAF PROGRAM

1. The County Office deaf program is currently conducted at three sites.

   A. The infant deaf program (18 months to 3 years old) is taught in what appears to be a former pantry to the kitchen in the Catholic convent.

      This instructional space appears to be less than 150 square feet. There are no special facilities evident for infant deaf children. The toilet facilities are inadequate and present health and safety problems for those children who are not yet toilet trained. The infant deaf class is located next to a space that is currently used as a teacher work area and a conference room.

      This program is housed in a facility that does not conform to Field Act Construction Standards.

   B. The pre-school to junior high deaf program is located in four classrooms at the Charles Wright elementary school, Merced City School District. These classrooms were originally constructed during the 1950's to house children in a regular elementary instructional program.

      In each classroom special needs of the deaf student cannot be met as this facility does not have the design characteristics

common to deaf facilities, ie. better light control and more provision for visual instruction.

C. Tenaya intermediate school deaf program is located in an old portable building located behind storage building on the campus. This facility does not provide for the specialized needs of deaf students. The hearing impaired need specialized instruction in the use of shop power equipment, appliances used in the home arts area and elective classes that utilize greater porportion of auditory presentations. This additional instruction is normally not provided in the regular instructional programs. More participation in the regular program could be attained with special facilities for the hearing impaired. It is commendable to have this program on an intermediate campus to allow students to participate in the regular program of the school.

Summary

The effort of the county office to house the deaf program in a regular school setting is to be commended. Children with special instructional needs also need to have the social contacts with the general population. The facilities for the deaf program are inadequate in relation to the program that is being conducted. The program now must confine itself to the space requirements as provided by a standard classroom. There is little provision in the facilities to meet the specialized needs of children identified as hearing impaired. Secondly, the infant deaf program has been relocated two times in the last four years in different facilities. The elementary program has been relocated on different sites three times

four years and will move again this year.

SEVERELY EMOTIONALLY DISTURBED

The SED program is located at Our Lady of Mercy School. This program is located in two classrooms designed for regular instructional purposes. Each student has an individual space for the most part, divided by side partitions and a top partition. There were approximately ten such individual spaces observed. There is insufficient electricity provided to each of these spaces, therefore, the lighting is inadequate. What appears to be an isolation area is located in a corner of the classroom. This area is divided from the regular instructional area by wood walls extending approximately five feet from the floor. A large stuffed bag hangs from the ceiling. The children needing isolation can be disturbed by other children in the classroom as the walls do not extend from the floor to the ceiling. There is little protective insolation or padding in the isolation room. Children outside, in the classroom can also be disturbed by the activities of those who are in the isolation area. Both of the classrooms are severely overcrowded. Specialized instruction, such as construction activities, are conducted in a corridor outside where children were observed using power equipment. Also housed within the two classroom areas is the Mental Health office. Functions of this office are incompatible with the instructional activites. This facility does not conform to the Field Act Construction Standards.

Summary

Program is conducted in a non-conforming building. The facilities are

inadequate for the program being conducted. The Mental Health office functions are incompatible with instructional functions yet are housed in the same area.

APHASIC PROGRAM

Three aphasic classes are conducted at the convent. The junior high program is held in the Frank Sparks intermediate school in Winton at an elementary site.

Comments

The primary aphasic class is held in the former chapel at the convent. There is one teacher, one aide, four instructional centers and four individual centers located in an area of about 600 square feet. An individual finds it difficult to move about in this facility. Adjacent to the chapel, in a former dressing room, is additional instructional and storage space. The lighting in the chapel is unacceptable.

Two other aphasic classes are held in this facility. One in the former living room and one in the former dining room. Both areas are inadequate for the program.

The convent does not conform to the Field Act Construction Standards.

The junior high aphasic program is located at Frank Sparks 6, 7, and 8 grade school in the Winton School District. This program is located in an old inadequately maintained portable building in a distinct location far off to the side of the school site. The building is a standard classroom. The children have to walk a good country mile to

use the facilities of the school (bathrooms, other instructional areas, library). The building is situated such that the morning sun comes directly through the windows and can have adverse consequences for the instructional program. There is a space heater and an evaporative cooler to heat and cool the building. The use of a space heater constitutes a serious safety problem.

Summary

Facilities used to house the aphasic program are inadequate.

TMR PROGRAM

This program is conducted at the Schelby Center site. There are 88 children - 3 years to 21 years of age. The pre-school, elementary and junior high TMR programs are located in standard classrooms with no facilities to meet the specialized needs of these children. The toilet facilities are inadequate for the training needs of this program. There are two portables; one of which is used for a TMR program, the other for physical education. The portable used for the physical education has about an eight foot ceiling. Many of the glass covers for the light fixtures were observed to be broken. This facility is inadequate for a TMR physical education program. The other portable was apparently used for the intermediate TMR program. Again, no specialized equipment is in evidence nor can be provided because of the limitations of this facility. The TMR program is housed currently in buildings which conform to Field Act Construction Standards.

High School and Adult TMR

The high school and adult TMR programs are located in a metal building that conforms to Field Act Construction Standards. The training area for instruction appear adequate. One being an arts and crafts area and one a wood working area, the third being a general purpose area. There is a short but wide coorridor area with individual training spaces and an observation and conference area. This building appears adequate for the high school TMR program, however, the shower and toilet areas are inadequate for training purposes. This building conforms to Field Act Construction Standards. The facility is also located next to the maintenance facility for the site where instructors have access to power equipment to prepare projects for students. The hydroponics garden is located in buildings that do not conform to Field Act Construction Standards. High school and adult TMR home training program is located in a former residence and provides for a program of training students in use of the various home activities. The building is somewhat ackward to use in terms of training purposes, however, the building would be acceptable but for the fact that it does not meet Field Act Construction Standards.

EMR PROGRAM

The county EMR program is conducted in a regular classroom at the Mitchell elementary school in Atwater and consists of children aged 10 - 14 years. Adjacent to the Mitchell elementary school is the Mitchell senior elementary junior high school.

Comments

The classroom is inadequate for the EMR program again in not providing specialized facilities to meet the identifyable needs of these children. It is commendable to have the facility located on a regular elementary and junior high site as the children can participate in specialized activities and programs offered by the elementary and intermediate school.

DEVELOPMENT AND MULTIPLY HANDICAPPED PROGRAMS

These are located at the Schelby Center. The Development Center program is a program for children who are not eligible for participation in other specialized programs such as TMR, MH, etc. These children would normally be referred to a State Hospital for custodial care.

The infant development center is located in a former bedroom area. There is a standard adult toilet and one portable potty. The diaper changing area is separate from the water supply. Below the changing area is the storage area for diaper bags. Inadequate provision is made for storing soiled diapers. The bedroom as an instructional area is inadequate. The program for 3, 4, and 5 year olds is housed in a portable that was designed as a regular classroom. As this portable has been relocated on this site, there is a question as to whether the facility conforms to Field Act Standards. However, assuming that the building does conform to Field Act Standards, it is still not acceptable for use as part of the DC program. The toilet training area is located in the same area as instruction. The portable potty seats are used with little provision for waste disposal. The table to change diapers does not have facilities for hot or cold running water. Back by the sink area the floor is not level

and appears to be slowly sinking.

The older DC children (ages 11-19) are located:

1) in the former living room of the residence, and

2) in the metal building across campus.

Both areas do not have toilet facilities. Both areas, again, are totally inadequate for DC programs.

MH PROGRAM

Multiply Handicapped is located in a former bedroom in the residence. Aside from being inadequate for instruction, the steam heating register located here is exposed in the room with a light metal screen surrounding it, but which children can reach underneath and touch the hot register. The steam heating register in the bathroom area has no protection at all. The most serious MH class is located in a former bedroom. The toilet facility in this area has smooth tile on the floor. Wheel chairs have difficulty entering and exiting from this area. The one shower is enclosed on three sides with a standard door that allows no provision for handicapped students.

SCHELBY CENTER SERVICES AREA

The Schelby Center nurse quarters are located in the former entry to the residence. Two small partitioned areas are evident. One containing a cot and a small desk, another containing an adult desk. This combined area contains less than 50 square feet. Adjacent to the nurses office is a small storage area. Included in this area is first aid and storage for drugs. Drugs are stored in a metal box placed on a shelf approximately

two feet from the floor. The metal box can be locked but can be readily removed from the premises and/or dropped on the floor. In this area area are stored items ranging from Ajax to rubbing alcohol. No provision is made for fire control, adequate ventilation, or accessable storage.

The former solarium is used as the occupational therapy center. Entrance to the solarium is down a steep ramp covered with a rug that is slippery. Little provision is made for the safety of students entering this facility via wheel chairs. Heavy items are stored in this area in what appears to be an unsafe manner. The steam heating register is located behind this material, but is entirely exposed and is accessable to children.

THE CAFETERIA

The kitchen serves between 75 and 85 children each day. It is a kitchen designed for residential purposes and is not adequate for food service preparation for the above listed number of children. Two eating areas, both inadequate to serve handicapped children, are located adjacent to the kitchen. The light fixture in one area consists of one exposed light bulb. There is no provision for screening flies and no provision for properly cleaning this part of the facility.

ADMINISTRATIVE BUILDING (Schelby Center Office Building)

This building does not conform to Field Act Construction Standards. It consists of the administrative office, counseling area, psychological

testing area and teacher's lounge. Area is inadequate for functions needed for the three programs on this campus.

SUMMARY OF FACILITIES

Convent

A. One infant deaf program

B. Three aphasic programs

The convent is a non-conforming building. It does not meet construction standards of the Field Act.

OLM

A. Two SED programs

This facility does not conform to Field Act Construction Standards.

SCHELBY CENTER

A. TMR program

B. DCH program

C. MH program

The list of conforming and non-conforming buildings on this site are listed below:

Old house	non-conforming
Walker & Walker (metal building)	conforming
Homemaking house	non-conforming
Three locatables	conforming
Hydroponic Unit	non-conforming

Swimming Pool	not sure
Dressing Rooms	non-conforming
Storage Sheds (2 or 3)	non-conforming
Relocatable Building Recently Completed	conforming
Administrative Building	non-conforming

There is little evidence at this site that the programs offered have been master planned for the best utilization of the site. The TMR program is located all over the campus and consideration needs to be given to the program needs and to place facilities in relation to the program. The former residence on the property does not conform to Field Act Standards and I do not recommend that this residence be used for any instructional, residential, or custodial purposes. Careful consideration needs to be given to master planning this site in relation to future program needs.

FRANK SPARKS SCHOOL

A. One aphasic program

The building is inadequate for the program.

MITCHELL ELEMENTARY

A. One EMR class

The classroom is inadequate for EMR students

TENAYA JUNIOR HIGH

A. One deaf and hard of hearing class

The classroom is inadequate for the program.

CHARLES WRIGHT

A. Four deaf and hard of hearing classes

I understand that this program will no longer be conducted at Charles Wright School.

My special thanks to Mrs. Susie Amis and Mrs. Barbara Bradley for their invaluable assistance in the typing and preparation of this report.

RM:spa

2/11/76

APPENDIX E

COMPREHENSIVE PLAN FOR ADULT HANDICAPPED:

MERCED COUNTY

COMPREHENSIVE PLAN FOR ADULT HANDICAPPED:
MERCED COUNTY

Components:

1.0 Needs Assessment: Search

1.1 Identify All Adult Handicapped By Name & Address
Combination of Mail Survey & Personal Interview

1.2 Identify:

	SERVED	UNSERVED
KNOWN		
UNKNOWN		

1.3 Find: Specific Identifying Information
: Diagnosis
: Problem Areas
: Program Needs

2.0 Definition Of Handicapped Adults

2.1 Handicap, Age, etc.

3.0 Screening

- 3.1 Ingredients
- 3.2 Who, How, When
- 3.3 Costs

4.0 Program Components

- 4.1 Jobs, Activities, Training Programs
- 4.2 Teachers
- 4.3 Costs

5.0 Transportation

- 5.1 Routes
- 5.2 # Buses
- 5.3 Costs

6.0 Facilities

- 6.1 Locations
- 6.2 Purposes
- 6.3 Costs

7.0 Community Involvement

- 7.1 Business/Industry Participation
- 7.2 Employment

8.0 Parent Advisory Committee

- 8.1 Purpose, Roles, Functions, etc.
- 8.2 By-Laws

9.0 Evaluation

- 9.1 Process
- 9.2 Product
- 9.3 Costs

10.0 Funding Sources

- 10.1 Seek Out

11.0 Organizational Structure

- 11.1 Interrelationship Between Agencies
- 11.2 Roles/Functions
- 11.3 Coordinating Agency, Etc.

12.0 Parent Education

- 12.1 Seek Out
- 12.2 Provide Services/Programs/Counseling

13.0 Budget

- 13.1 Breakdown By Component

14.0 Dissemination